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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) e. COUNTY necessary, actor. Page files. a. STATE **b** COUNTY MARYLAND b. CITY OR TOWN lif outside perporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 15 director. write RURAL and give maagast town) Your S d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) for d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? refained State YES NO NAME OF Middle 4. DATE Month Dey Yeer the DECEASED OF Φ DEATH (Type or print) 19 death. I with a 7. MARRIED ANEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) 2 with IF UNDER 24 HRS pue last birthday) Months WIDOWED DIVORCED 2 and and USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY Item 18. Give Pages 1, 2 with form PM3. Page done during most of working life, even if retired) pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. Dermit. (Yes, no, or unknown) | (If yes give were releas of service) executed 13. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). " in pencil in It INTERVAL BETWEEN removal, burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which emation, gave rise to immediate course 43 pending Examiner's DUE TO SP (e), stating the underlying used causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (III) 19, WAS AUTOPSY CERTIFICATION burial, 8 PERFORMED? Medical NO T pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Part II) of item 18.) 0 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief A Page 3 sl MEDICAL Page Month, Dey, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Steta) fectory, street, office bldg., atc.) While Not While Hour e.m. the et work et work forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion certif death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE .5 DEPUTY DEPUTY MEDICAL EXAMINER 6 EXAMINER'S bluods NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or sounty) (State) REMOVAL (Specify) OH <u>_</u> <u>_</u> 40 23. FUNERAL DIRECTOR **ADDRESS** 24m. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VR A15ME 5M 1/63

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16	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
R STATE 1	08094 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0808	31
Deportment of HI	1. PLACE OF DEATH O. COUNTY DORCHESTER MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before state of the state of	ore odmission)
after dec	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) STEVENSVILLE	est town)
13	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS EASTERN SHORE STATE HOSPITAL	e. IS RESIDENCE ON A FARM? YES NO NO
	3. NAME OF First Middle Lost 4. DATE Month Do DECEASED (Type or print) RICHARD TILDEN BAXTER DEATH JUNE 27	Year 1967
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1. 8. DATE OF BIRTH 1. Sex 1.	
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN COUNTRY CAR PEN TER	OF WHAT ?
	13. FATHER'S NAME RICHARD BAXTER 14. MOTHER'S MAIDEN NAME WILHEMENA CARMINE	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO HOSPITAL RECORDS	
or removal,	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)	TERVAL BETWEEN NSET AND DEATH
V	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse (c) (c) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse (c)	5 MO.
2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICO.	WAS AUTOPSY PERFORMED?
	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 201. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) FELL IN HOSPITAL	
9	20c. TIME OF INJURY Month, Doy, Year Place OF INJURY (Home, form, orm, p.m. L-2-67, while of work of w	(State)
09	death resulted fram: Natural causes, Accident XX, Suicide, Homicide, Undetermined manner ACTUAL SIGNATURE	d in my apinion 22. DATE SIGNED 6/27/67
Health or its designated age	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Count BEMOVAL Specify) JUNE 30 STEVENSUILLE STEVENSUILLE M	ARYLAND
AE (S)	24 FUNERAL DIRECTOR 2 So. REGISTRAR 256. REGISTRAR 256. REGISTRAR'S SIGNATURE DATE IN 20 1967 MILES	Judge.

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refer to the first terminal to the control of to the date of the control of the Jave Travel ALL TO BE STORY STORY THE STORY OF THE STORY Perforated Bundens where Ept. touts , adam Coranery Heart Discore 27/2/19 3/2/2/2/2 2/2/19 5/10/13 Courses Wanganie Lawrence Maryanov 610 Racelt. Cambrodge, Md

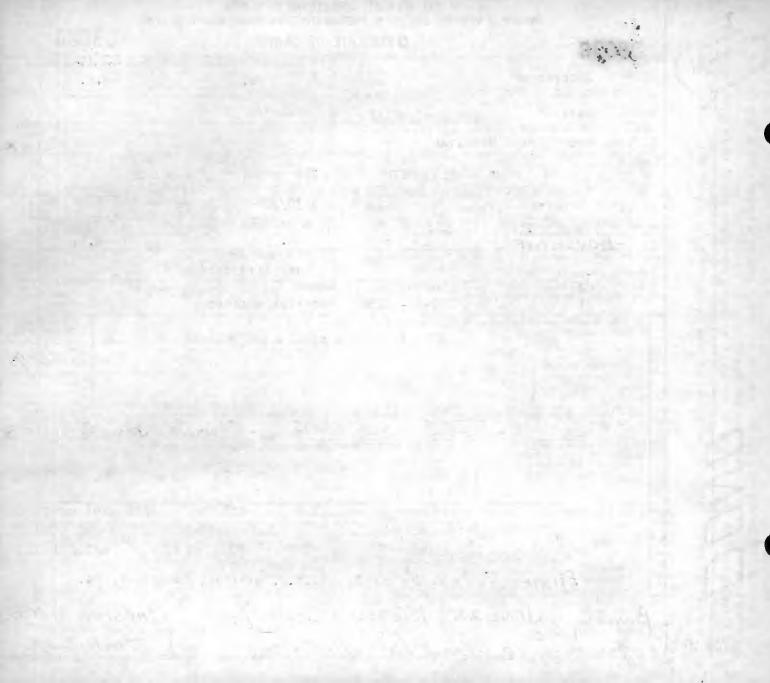
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1	1	2096	4		CER	HIFICALE	OF DEATH			O C	100	U
1)		E OF DEATH	OR CHESTER			MARYLAND	2. USUAL RESIDENCE (o. STATE MD		sed lived, if institu b. COL	INTY _	A.	e admission)
	b. CI RUR	TY OR TOWN (I	f outside corporate limits I give nearest town) BRIDGE	,	7 WE E		CHESTER		nte limits, write Rt	JRAL ond giv	e neores	t town)
3			ALOR INSTITUTION (IF no		-	s)	d. STREET ADDRESS		_			e. IS RESIDENCE ON A FARM? YES NO
1		NE OF EASED e or print)	Fir ANN		Middl LIZABETI		Lost ENTON	4. DATE OF DEATH	JUNE		Doy	
)	S. SEX		6. COLOR OR RACE	7. MARRIED WIDOWED		ARRIED X	5/30/92		J. AGE (In years last birthday)	IF UNDER Months	1 YEAR Doys	IF UNDER 24 HRS. Hours Min.
	10o. USL during n	IAL OCCUPATION	(Give kind of work done life, even if retired)		IND OF BUSINESS	OR M.AC	11. BIRTHPLACE (County MD •	& State, or fo	reign country)	12. CI	TIZEN OF DUNTRY?	WHAT
	13. FAT	HER'S NAME					14. MOTHER'S MAIDEN MARY ELI		-			
	1S. WA (Yes, no	S DECEASED EVE , or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates a	f consistal	SOCIAL SECURITY		NFORMANT HOSPITAL RE	CORDS	Add	ress		
	1B.		ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE	13	(a), (b), and (c).	/ /	seum	oru	-61			ERVAL BETWEEN SET AND DEATH
/	rise	iditions, if any, to immediati	which gave) e cquse (o), Our	TO (b)		1					5	days.
	lest PA		GNIFICANT CONDITIONS CO				THE TERMINAL DISEASE CO					WAS AUTOPSY PERFORMED?
2	SE OR	CONTRIBUTING	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		ESCRIBE HOW INJU		(Enter noture of injury in		t II of item 18.)	poord	illy YI	ES NO
A.	-		IRY Month, Doy, Year	20d. ! While			CE OF INJURY (Home, formory, street, office bldg., etc.		(City or town)	(Co	unty)	(Stote)
			y that (I) (this has ceased alive an_	pital) atten	ded the deced		5/1 , t death accurred at	19 <u>67</u> , t				nat (I) (we) la: e stated above
		o. SIGNATURE	Eferi	de	De-	, M.I	V 11114	MED. DIRECTOR	STAFF E	22b, D	ATE SIGN	67
		c. PHYSICIAN'S NAME (Type)	-11011	C. Fe	rnanc		E.S.S.Hos	PITAL	, CAMBRII	D GE ,	10.	
0	B	JRIAL, CREMATIC MOVAL (Specify)	JUN	REOF e22	KIN	GSLEY	CHURCH	ARD		rest o		MD.
2	24. FU	INERAL DIRECTO	y of	Ph	ADDRES	el M		D BY REGISTI		EGISTRAR'S		

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

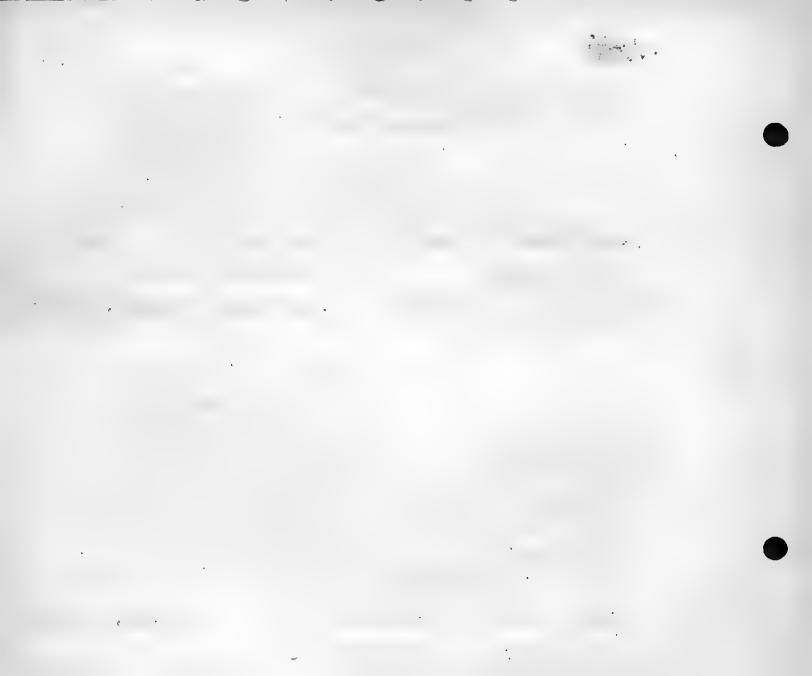


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

M	08097	CERTIFICATE	OF DEATH		08084
g physician a standing physician and campletely filled in by the funeral signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages 1 and a burial, crematian, or remaval, and in any event, within 72 haurs after death	PLACE OF DEATH O COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived, if institution b COUN	Residence before odmission) N Dorchester
d campletely filled in by the fune mave cathon papers. Pages 1 a iny everti, within 72 haurs after d	b CTY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Cambridge	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outsid	e carparate limits, write RUR	
led in 1 apers. in 72 ho	d NAME OF HOSP TAL OR INSTITUTION (If not in hos Cambridge Maryland Hos		d. STREET ADDRESS 501 Radia	nce Drive	e IS RESIDENCE ON A FARM? YES NO X
I with	3 NAME OF First DECEASED (Type or print) FLOREN	Middle CE BROW.		DATE Month OF DEATH J	
n any ever	Female 6 COLOR OR RACE 7. MAI		March 11, 188	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
5 5	10a JSUAL OCCUPAT ON (Give kind of work done during most at work no lite, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (County & St. Cambridge,		12. CIT ZEN OF WHAT COUNTRY? USA
	J. Ben Brew	n	14. MOTHER'S MAIDEN NAM Laura M		
an, or remaval,	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (It yes give war or dates at service		NFORMANT SS Mabel Wrig	ht, Cambridge	
as been signed by the att as the burial-transit peri priar to burial, crematian,	18 CAUSE OF DEATH (Enter only one cause per median part of the par	Internal Hemo RIM Rupture		Varices	INTERVAL BETWEEN ONSET AND DEATH
far use as Health pric	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION OF THE PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	TING TO DEATH BUT NOT RELATED TO T		ON GIVEN IN PART (a)	19. WAS ALTOPSY PERFORMED? YES
ed far I. af He	OR CONTRIBUTING CAUSE OF DEATH	Ob DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part	t or Port I of item 18)	
be detache State Dept.	A Hour a.m.		E OF INJURY (Hame, farm ary, street, affice bldg., etc.)	20f (City ar tawn)	(County) (State)
s should be d	21. I certify that (1) (this hospital) of sow the deceased alive on 2	attended the deceased fram			7, 19, that (I) (we) lost and an the date stated above.
L DIREC	CONTRACT ON S	hinter -MO	22d ADDRESS	ECTOR STAFF	6-29-67
TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the C	NAME (Type) ALBERT E. BUN 230 BJRIAL, CREMATION, 23b DATE THEREOF	KER, M. D.		Cambridge,	Maryland 21613 (County) (Stote)
Fig. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp	REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR			Cambridge,	Maryland
A15 (4)	LeCompte Funeral Service			1 10C7 V	Charles Judge



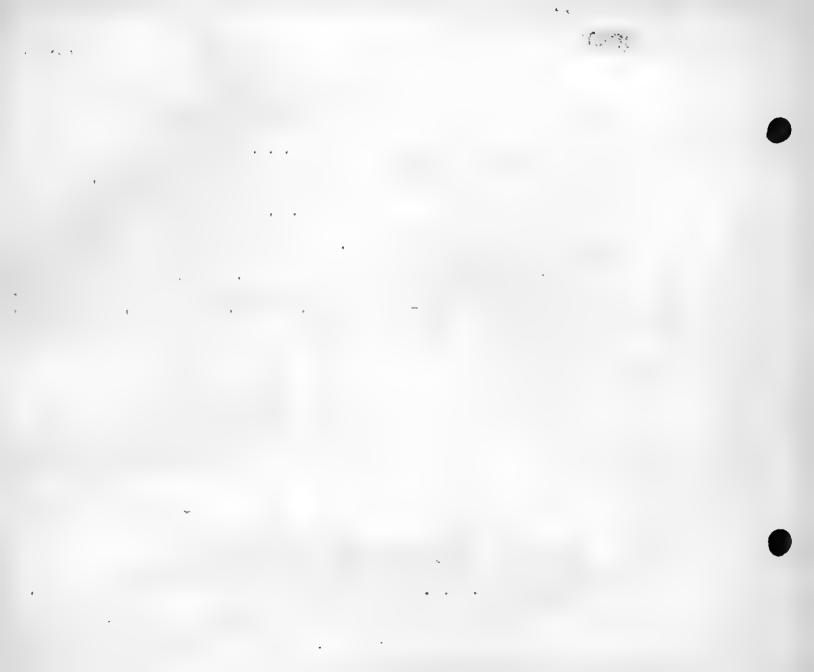
DIVISION OF STATISTICAL RESEARCH AND RECORD		, MARYLAND
Ttom #2a CERTIFICAT	E OF DEATH	-08085
1. Praction beath a. County	2. USUAL RESIDENCE (Where deceased lived, If institution	n: Residence before admission
1 0 . 2 / -	a. STATE b. COUNTY	1 3.1 1 1 1 1 7 1 1
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) ARYLANO C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RU	RAL and give nearest town
L CHICKRINGE.IVII)	Q. 9. M. R. ARIV DO CE/E // Dames &	hanton /
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
G/9590W NURSING HOME	1311 (4) ENBULHA! (XXX) F	YES NO
3. NAME DF / First (Middle Middle	Last 4. OATE Month	Day Year
(Type or print) MARY ELLEN	CAHALL DEATH	29 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years IFUN last birthday) Monti	DER 1 YEAR IF UNDER 24 HRS
FEMALE WHITE WIDOWED DIVORCED	12-23-1892 74 yrs. 7	
10a. USDAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		COUNTRY?
Heuse Keeper Nene	Maryland	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles Cahall	Catherine Chiffins	
(Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address	
Ne Unknewn	Leuise Hughes Clayment	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PYTOEMR DIME	INFARET INN	4 40751
Conditions if any which is		YEARS
Genditions, if any, which gave rise to immediate (b) ARTERIOSCALESTIC	CHROW YASK ILLAR BISEASE	YKHIIS
cause (a), stating the DUE TO		
Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 119. WAS AUTOPSY
T T T T T T T T T T T T T T T T T T T	STEET TO THE TANKE OF THE STATE	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIOUTING TO DEATH BUT NOT REL 203. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury In Part I or Part II of Item	
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, , , , , , , , , , , , , , , , , , , ,	
		(County) (State)
Hour a.m. While - Not While -	tory, street, office bldg., etc.)	
21. I certify that (1) this hospital) attended the deceased from	6-29, 1967, to 6-27, 1	9 6 7, that (1) (we) ias
saw the deceased alive on 6-29 19.67 and the	at death occurred at M, from the causes and c	
22a. SIGNATURE	22b	DATE SIGNED
M. Garten & M. Garten M.	D. PHYS. MED. STAFF DIRECTOR PHYS.	6-29-67
22c. PHYSICIAN'S NAME (Type) AMES & MSCARTER	22d. ADDRESS 30× 386	
Haute (tithet 7) 11 11 2 11 1 1 2 11	CHRIBRIDGE, MI	RYLAND
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town of	county) (State)
Burial 7-2-67 Greensberg	Greensberg	Maryland
24. FUNERAL DIRECTOR ADDRESS	25a. REGIST PREGISTRAR 25b. REGIST	HAR'S SIGNATURE
4. C. Doceless Strong ord	OATE	V -



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08093 CERTIFICATE OF DEATH tificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH a. COUNTY a. STATE b. COUNTY DORCHISMER MARYLAND Shysician and campletely filled in by the b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) hours RURAL CAMBRIDGE CAMBRIDGE IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS CAMB MOSE MARYLAND MODERNAL. YES | NO TV CORDTOWN 3 NAME OF 4 DATE Month Yeor First Day DECEASED ROBERT (Type or print) HINRY DEATH S SEX 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED Months last birthday) WIDOWED IX DIVORCED MALE NEGRO 12 CITIZEN OF WHAT IDa USUA, OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during mast of working life, even if retired) INDUSTRY COUNTRY? DORCHESTER CO. MD 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME H. CHESTER SR. HAR METT ATTIE JACKSON 17. INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 36 SOCIAL SECURITY NO. (Yes, nq_orunknawn) (If yes give war or dates of service) reavires that the deal FRANCES 14-07-9531 BROWN CORDTO N. MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Gangrene of left leg DUE TO Canditians, if any, which gave rise to immediate couse (a), **DUE TO** stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 200 ACC DENT WAS UNDERLYING be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.) Not While at work 21. I certify that (I) (this haspital) attended the deceased from Tlay 22 190 (ta June 6. 19 6 (that (1) (we) last 19 57, and that death occurred at_ sow the deceased alive on June 6. _____M, from causes and an the date stated above. 22b. DATE SIGNED 22a SIGNATURE ATTENDING DIRECTOR PHYS. M.D. June 10. 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 6/10/67 2501 REGISTRAR 4 196 ADDRESS **EUNERAL DIRECTOR** VR A15 (4) 20 M 1/66 CAMBRIDGE, 1D. DATE



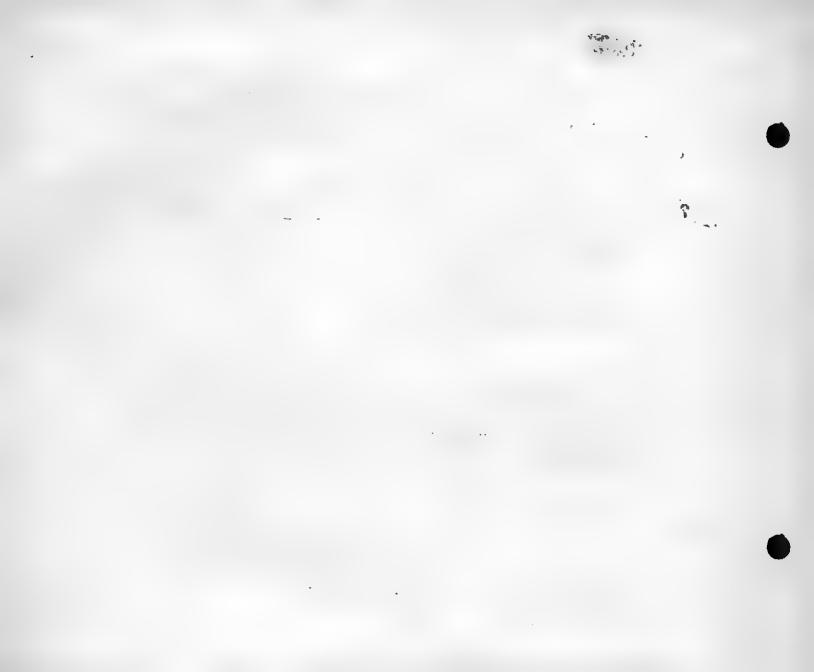
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08100 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08088 FOR STATE HEALTH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY b. COUNTY Page ay is Dorchester Maryland Dorchester MARYLAND C. y delay c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (f autside carparate lim ts C LENGTH OF STAY IN 16 write RURA, and give nearest town) Federalsburg - Rural Federalsburg - Rural 10 years d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE form ON A FARM? Near Finchville R.F.D. #1 State YES [X] NO [8 Give Poges 24 hours ofter death shou d be farworded to the Chief Medical Examiner's Office along with 3 NAME OF Middle Lost 4 DATE Manth DECEASED 19 67 June 18. WILBUR **JENNINGS** CHRISTOPHER (Type ar print) DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF LINDER TYEAR 1F UNDER 24 HRS 7 MARRED X NEVER MARR FD. ost byrthday) White Mala Sept. 6, 1898 in ony event within 72 hours after death W DOWED D VORCED 1) BIRTHPLACE (State or foreign country) 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR 2 CITIZEN OF WHAT during most of working te, even if retired) Continental Can Co. USA USA Maryland Employee 14. MOTHER'S MAIDEN NAME This certificate should be executed within pencil 13. FATHER S NAME Robert J. Christopher Ida M. Marshall 16 SOCIAL SECURITY NO 17 INFORMANT Md. IS WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, na, ar unknown) (If yes give war or dates af service) "pending" 218-03-5904 Mrs. Sarah A. Christopher. Federalsburg. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. THIS TRANK IMMEDIATE CAUSE (6) Coronary occlusion writing the word DUE TO Conditions, if any, which gave rise ta immediate couse (a). DUE TO stating the underlying cause рир pe nsed PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA, DISEASE CONDITION GIVEN IN PART (a) 19 WAS AUTOPSY PERFORMED? cremation, or removol, the certificate, YES NO X 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 3 should PRIMARY I or CONTRIBUTING CAUSE OF DEATH 20e PLACE OF NJURY (Hame, farm (City or town) 20c T.ME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (Caunty) factory, street, affice bldg., etc.) Not While at work at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspect on & Inquiry [7], and in my opinion Natural causes 🗶 Homic de . Undetermined manner the funeral director. deoth resulted from Accident Suicide . may be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CA. EXAM NER \$\overline{1}\over 5 may b O FUNER Health p Address (Street, city, tawn, or county) Cambridge, Md John Mace Jr. M.D. 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL CREMATION REMOVAL (Specify)
Burial June 21, 1967 East New Market East New Market-Dorchester-Md FUNERAL PRESIDENT Langlow Framptom Funeral Home VR A 15ME (5) Federalsburg, Md. 6M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08101 CERTIFICATE OF DEATH USUSO PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. funeral i and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived if institut an Residence before admission) a. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If outside carparete limits, MARYLAND C CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) r LENGTH OF STAY IN 16 write RURAL and give nearest town) þ Centreville Rural Preston ≘. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e -S RESIDENCE ON A FARM? papers filled and in any event, with a NO NAME OF Middle 4 DATE remave carban First Last Month Day Year DECEASED (Type or print) ÛF Cole June 19 67 6 COLOR OR RACE DEATH man 5 SEX 9. AGE (In years IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED Female Negro 6-I3-I883 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of warking life, even if retired) INDUSTRY CQUNTRY? Queen Anne Retired Usa 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, Ja mes Edward Cheers Mary Anthony IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war ar dates of service) 093-26-9944 John Anthony RFD Centreville no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY: NTERVAL BETWEEN burial-transit ONSET AND DEATH MMEDIATE CAUSE (6) Acute Cardiac Decopensation c auricular Page 4 may be retained by the haspital ar attending physician. signed by 4211 Chronic Conrestiv4 Heart Failure cotrol Conditions, if any, which gave ed rise ta immediate cause (a). DUE TO stating the underlying couse as the State Dept. of Health prior to Marked Aprib Ins fficieney 15yrs WAS AUTOPSY PERFORMED? has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(o) Cerebrovancular Acitidant (hemorhage) NO YES certificate Į. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, affice bldg. etc.) Nat While nt work et work 21 I certify that (1) (this haspital) attended the deceased fram. 19____, that (1) (we) last and that death accurred al2P FUNERAL DIMICTOM: saw the deceased alive an M. from causes and on the date stated above 220 SIGNATHRE 22b DATE SIGNED director, page 3 should be filed v M.D. DIRECTOR PHYS 22d ADDRESS 22c PHYSICIAN'S NAME (Type) P.O.Bon#158 Pr ston Maryland 230 BURIAL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (Caunty) REMOVAL (Specify)

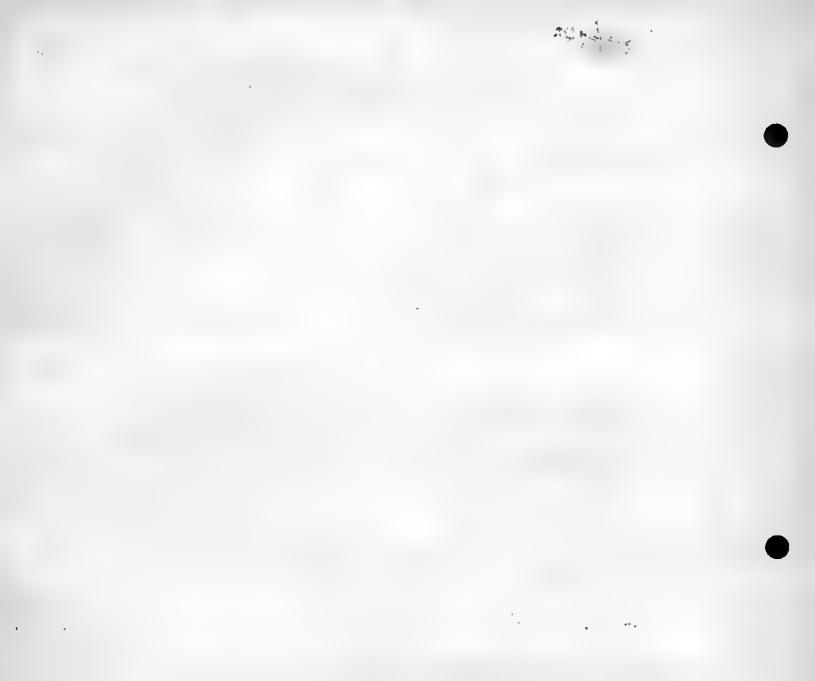
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24 FUNERAL DIRECTOR Centreville nne



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1/2	,	l		DIVISION (RTMENT OF HEA N STREET, BALTIM		ND 21201		
(M			08102			CERTIF	ICATE	OF DEATH			0	2001
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led in /	,			OR INSTITUTION (IF NO				d. STREET ADDRESS BOX 84, F	Роите 2			B IS RESIDENCE ON A FARM? YES NO
- Z=			NAME OF DECEASED (Type or print)	Fir MOLL I		Middle C .		Lost DN TAINE	4. DATE OF DEATH		Do	19 67
physician and campletely filen please remays carban, gaval, and in any vegat with	1	F	EMALE	6 COLOR OR RACE NEGRO	7 MARRIED WIDOWED	NEVER MARRIE DIVORCE		DATE OF BIRTH	98	birthdoy) yrs.	IF JNDER 1 YEAR Months Doys	Hours Min
ian. by the attending physician and a transit permit. Then please rema crematian, or remaval, and it any		duri	ng most of working li HOUSE WOR			IND OF BUSINESS OR IDUSTRY		31. BIRTHPLACE (County	}.	country)	12 CITIZEN COUNTRY	OF WHAT
g phys Then p maval,			JAMES COT					14. MOTHER'S MAIDEN FANNIE -	NAME			
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aspital a certificati hed far t. af Hea		L CERTIFICATION	20a ACCIDENT WAS A OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MARKET	CAUSE OF DEATH	20b DE	SCRIBE HOW INJURY C	CCURRED. (E	inter noture of injury in	Port I or Part II o	Fitem 1B)		
the hard		MED CAL	20c TIME OF INJUR Hour om. p.m.	Y Month, Doy, Year 19	20d # While at wor	k 🗀 ot work 🗀	focta	OF INJURY (Home, farr ry, street, aflice bldg., etc.		y or tawn)	((county)	(State)
uined by OR: After auld be n the Stat			sow the dec	that (I) (this hasp eased alive on	6/16	ded the deceased 19_ <u>67</u> ,	fram and that	4/25 death occurred at	9 67 to M, fro	6/16 im causes an		
be retail DIRECTO ge 3 sha			22c PHYSICIAN'S	Carlo	Œ 1	Daur	OMO	ATTENDING PHYS 22d ADDRESS	MED DIRECTOR	STAFF PHYS.	22b. DATE SIG 6/1	6/67
ge 4 may be FUNERAL DIR rectar, page 3	1	220	NAME (Type)	CARLO L 23b DATE THE	s F.	BAR	120 ST	E.S.S.Hos				(6)
Page 4 r 10 FUNER director, shauld		RI	BURIAL, CREMATION REMOVAL (Specify) V BUR FUNKRAL DIRECTOR	6/25/6		23c NAME OF CEM ITALI ADDRESS	OKIN		D BY REGISTRAR	N (City of Tawn	(Count	(Stote)
VR A15 (4) 25M 1/67			Julius	El Stola	ii	CAMBERO	GE.	MAD DHIN			wes fe	idge

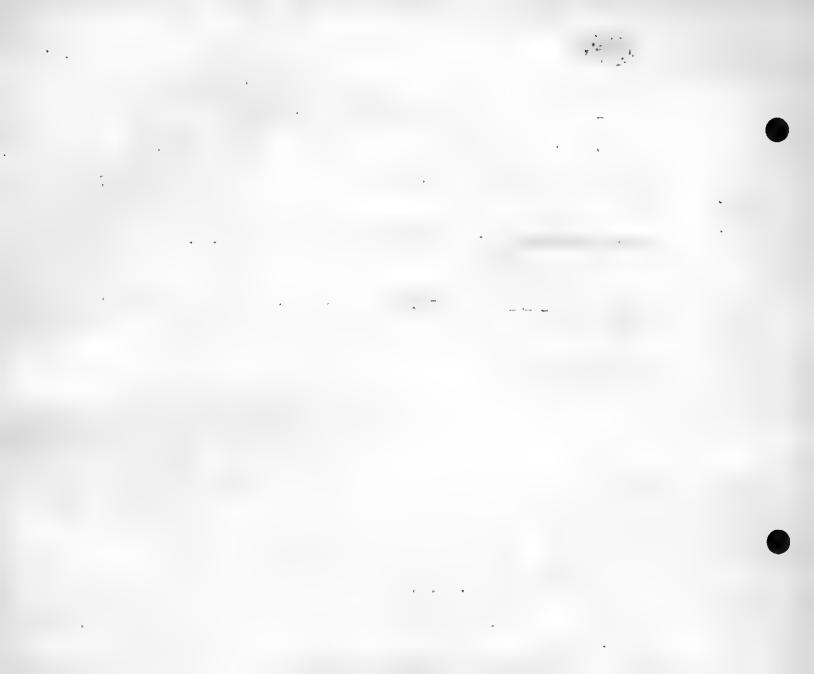


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08103 CERTIFICATE OF DEATH 08092 The law requires that the death certificate be executed within 24 hours after death. and PLACE OF DEATH funero 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate emits write RURAL and give negrest town) write RURAL and give neorest tawn) vens ≘ papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? event, with n 72 filled YES NO NAME OF DATE OF Month Dov Year DECEASED 6 (Type or pnnt) DEATH 19 6 6. COLOR OR RACE IF UNDER 24 HRS AGE (in years JE UNDER 1 YEAR 7 MARRIED NEVER MARRIED lost birthday) Months Hours 9-23 DIVORCED WIDOWED 1Do USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life even if retired) INDUSTRY **COUNTRY?** 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removo F. W. Fex Lucinda Watkins IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 216-05-01954 cremation, 18. CAUSE OF DEATH (Enter only one couse per light (b) ond (c).) INTERVAL BETWEE PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o ۾ DUE TO burial, Conditions, if only, which gove rise to immediate couse (o), DUE TO s certificate has beem sinched for use as the bast. of Heolth prior to b stoting the underlying couse Page 4 may be retained by the haspital or attending ost SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED (Enter hoture of injury in Port I or Port II of item 18.) 2Do ACCIDINT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Dc TIME OF INJURY Month, Doy, Year 20f. (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg , etc.) Not While at work 21. I certify that (this haspital) attended the deceased fram 7. ta(0 -TO FUNERAL DIRECTOR: saw the deceased alive an 60 and that death accurred all the M, from causes and an the date stated above. 220 SIGNATURE STAFF DIRECTOR M.D. PHYS directar, page should be file 22c PHYS CIAN S NAME (Type) 230 BJRIAL, CREMATION. 6/1223E NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) B SEMOVAL (Specify) Lorraine Park Cem. Baltimore, Md. ADDRESS 24



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		08104	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	68093
HEALTH DEPT.		tace of Death D. COUNTY Dorchester	MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution Rio STATE Dist. Columbia b. COUNTY	es dence before admiss on)
y delay		CITY OR TOWN (f outside corporate limits, write RURA: and give negrest town) Rural—Cambridge	CLENGTH OF STAY IN 16 One day	c CITY OR TOWN (if outside corporate limits, write RURAL on Washington	d g ve neorest town)
r death. If any delay it we Pages 1, 2, and 3 to 3 with farm PM3. Page the State Department of		RFD #3, Cooks Point R		d STREET ADDRESS 114 Varnum Street, N.E.	0 IS RESIDENCE ON A FARM? YES NO X
fer death.		NAME OF First DECEASED JAMES Type or pnnt) JAMES	Mooding HIN	DEATH	
500 2		Male White WE	DOWED DIVORCED	July 21, 1907 tost birthdoy) Mor	NDER YEAR IF UNDER 24 HR
24 hours in Item 18 er's Office jes Land2 after death	10o dut		10b KIND OF BUSINESS OR INDUSTRY SCREEN Proc	Washington, D. C.	COLNTRY? USA
within pencil xamine ile pag haurs		FATHER'S NAME James Hines		14. MOTHERS MAIDEN NAME Grace Dampier	
TO -= . E1		WAS DECEASED EVER NUS ARMED FORCES? (If yes give yor or dotes of service AOME -	6) 577-01-6921 Mrs	informant s. J. W. Hines, 114 Variffun S Washington,	t., N. E. D. C.
s certificate should be execute b, writing the ward "pending" farwarded ta the Chief Medical used as a burial-transit permit- toval, and in any event within?		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	oronary occlus	ion	INTERVAL BETWEEN ONSET AND DEATH INSTAN
Ithis certinate, write be forward be used removal,	F CATION			THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
追고 열 등	CERT	CAUSE OF DEATH		(Enter nature of injury in Port I or Port II of term 18.)	
EXAMINER to the cer age 4 shoul your files Page 3 shar cremotian, c	MEDICAL	20c T ME OF NJURY Month, Doy Yeor Hour o.m. p.m. 19	While of work Of While of work	CE OF INJURY (Home farm 20f (City or town) ory, street, office bldg , etc.)	(County) (State)
MEDICAL please exector. Petained for DIRECTOR.				Id an Autapsy , Inspection , Inquiry (ide , Hamicide Undetermined manne CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNE
RA Brid		EXAMINERS John Mace Ju		DEPUTY MEDICAL EXAMINER (\$\frac{1}{2}\) 6/19/0 Address (Street, c.t.y., town, or county) Cambi	ridge, Md.
TO DEPU	230		23c NAME OF CEMETERY OR 1967 Fort Lincoln	Cemetery Prince Georges	(County) (State) Co., Marylan
VR A 15ME (5)	24 ₩.	FUNERAL DIRECTOR PUMP PROPERTY, 8434 G	eorgia Ave., Sprin	er 250. RECU BY REGISTRAR 25b. REGISTRA ag, Md. DATJUN 2 2 1967	AR'S SIGNATURE



.1	, Division of STATISTICAL RES	MARYLAND STATE DEF EARCH AND RECORDS, 301		LTIMORE, MARYLAND 212	01
4 = 2	08105	CERTIFICATE	OF DEATH	{	8094
funeral	1. PLACE OF DEATH COUNTY DORChester	MARYLAND X	MARJAND	eased lived, if institution, Residence b. COUNTY	00
requires that the deoth certificate be executed within 24 hours after a physicion. In signed by the attending physician and completely filled in by the further burnal-transit permit. Then please represent year, within 72 hours after a burial, cremation, or removal, and in any eyent, within 72 hours after	b CITY OR TOWN (If outside corporate I mits, write RURAL and give hearest tayin) ANAME OF HOSP TM OR INSTITUTION (If not in hospital,	c. LENGTH OF STAY IN 16	OCCUTY OR TOWN (If autside corp	arate limits, write RURAL and give	
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execute and comp any eye	s sex 6. COLOR OR RACE 7 MARRIED WIDOWEE	DIVORCED 🔀	DATE OF BIRTH 38-34-1909	57 Yrs. 9	Days Haurs Min.
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h certificate be ing physician Then please removol, and i	LAFAGEHE HOBBS		14. MOTHER'S MAIDEN NAME SARA CAR	ey	
re deoth cer attending r permit. The		216-10-1833	STERNS NORCE	S(Son)409 Newton	Terrace,
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AN: The law real of or ottending itote has been for use as the Health prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	MO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITIONS	GIVEN IN PÄRT 1(a)	19. WAS AUTOPSY PER TOP MED? YES YA NO
二 日本 注 年 1 日 1 日 1 日 1 日 1 日 1 日 1 日 1 日 1 日 1	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or	Port II of item 18)	
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TTENDING amed by t OR: After tould be o	21. I certify that (I) (this haspital) atte saw the deceosed alive an_ンルード	nded the deceased from_1	death accurred of 146	, ta Sieve 4, 19. M, from causes and an th	that (i) (we) last e date stoted obove
OR ATTENE be retained DIRECTOR: A je 3 should ed with the c	22a. SIGNATURE	esle MD		STAFF 22b. DA	TE SIGNED
	22c. PHYSICIAN'S NAME (Type) MILTOXS	KEPLER	East Share	State Hosp	nbridge
TO HOSPITAL Page 4 moy TO FUNERAL director, page should be file	230. BURIAL, CREMATION, REMOVAL (Specify) Burial June 7,1967	St. John's Ce			(Caunty) (State)
VR A15 (4)	24 FUNERAL DIRECTOR HOLLOWAY & COMPANY, SAL	ADDRESS			GNATURE COLORS



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08106 CERTIFICATE OF DEATH 08095 death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o STATE b. COUNTY c CITY OR TOWN A outside corporate limits, write RURAL and give nearest town) foutside corporate mits, CLENGTH OF STAY IN 16 write RURAL and give nearest town) ON A FARMA within YES OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within uoq. 4 DATE Year DECEASED OF DEATH (Type or print) Car 9 AGE (n years DATE OF IF UNDER 1 YEAR IF UNDER lost birthdoy) Months Doys DIVORCED WIDOWED 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 13 FATHER'S NAME signed by the ottending phys burial-transit permit. Then p burial, cremation, or remaval 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN (Yes, no, or unknown) (If yes give wor or dates of service) State Hospitall Medica 18. CAUSE OF DEATH (Enter on y one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) physicion. DUE TO cache xia -Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the prior to be 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Chronic brain Syndronze arteroselentis YES T NO 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF N.JRY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour am factory street, office bldg, etc.) Not While 21. I certify that (!) (this haspital) attended the deceased fram IIIARCL 29 be retained 19 6 7, and that death occurred at 744 A.M. fram couses and on the date stated above saw the deceased alive on June. 22o. SIGNATURE 22b DATE SIGNED M D DIRECTOR PHYS director, page ADDRESS 22d 22c PHYSICIAN S TO FUNERAL rlock BURYAL, CREMATION. FRY OR CREMATORY 23d. . OCATION (Enty or Town) 23a REC D BY REGISTRAR VR A15 (4) 25M 1/67



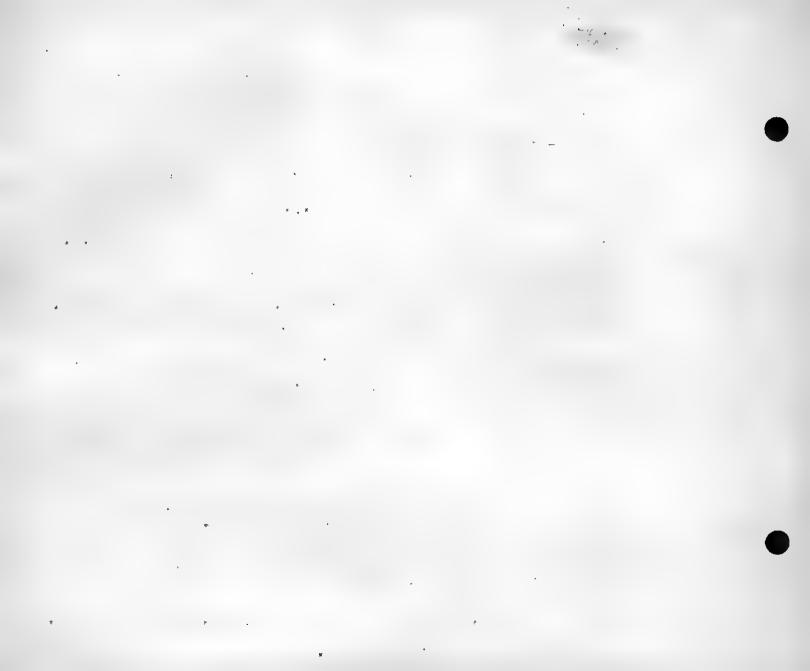
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		I. NAME OF HOSP TAL OR INSTITUTION (If not in hospite ASTERN SHORE STATE HOSPI		d STREET ADDRESS ROUTE 3		e, IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF First SECRASED MARGARE T Type or print)	Middle J	ACKSON 4. DATE OF DEATH	Month JUNE 13	Doy Year 19 67
		EMALE NEGRO WIDOWE		. DATE OF BIRTH 9 81	AGE (In years IF JNDER I tast birthday) Months 7 yrs.	Days Haurs Min.
	10o duta	JSUAL OCCUPAT ON (Give kind of work done no most of work ng life, even if retired) HOUSEWORK	KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or fore	ign country) 12 CIT	IZEN OF WHAT JETRY?
	13	FATHER'S NAME -UNKINOWN		14. MOTHERS MAIDEN NAME HENNIE GASSAWAY		
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, arunknown) (If yes give war or dates of service)		FORMANT SPITAL RECORDS	Address	
		IB CAUSE OF DEATH (Enter only ane cause per line. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 33/X DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. (c)	for (a), (b), and (c),) exekes of VCi	sculor ac	n kent	INTERVAL BETWEEN ONSET AND DEATH
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	CERT	20o ACCIDENT WAS UNDERLYING ☐ 20b. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part	II of item 18.)	
	MEDICAL	Hour om w		E OF INJURY (Home, form, ry, street, affice bldg., etc.)	(City or town) (Cau	unty) (Stote)
		21. I certify that (I) (this haspital) attack the deceased alive an JUNE 220. SIGNATURE 220. PHYSICIAN'S	ended the deceased fram	death accurred atM, ATTENDING MED PHYS DIRECTOR [from causes and on the STAFF PHYS. 22b. DA	he date stated above. ATE SIGNED /13/67
/	23 c	NAME (Type) *E. C. FERNAND BURIAL, CREMATION, 23b DATE THEREOF	EZ / P 23C NAME OF CEMETERY OR C	E.S.S. HOSPITAL,	CAMBRIDGE, N	(County) (State)
/		REMOVAL (Specify) 6-16-6	I GARL CI	TAPEL BEL	1. GEINTALI	ILKF MIT



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08097 CERTIFICATE DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) O COUNTY b. COUNTY MARYLAND X b CITY OR TOWN (if outside corporate I mits C LENGTH OF STAY IN 16 OR TOWN (If outside corporate imits, write RURA, and give nearest town) oan papers. Pag within 72 hours .⊆ d STREET ADDRESS HDSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? filled i YES NO 🔀 carban NAME OF DATE Doy Year DECEASED OF 61 OHNSON 19 (Type or print) DEATH S SEX 6 COLOR OR RACE DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED remove lost birthdoy) Months Hours WIDOWED X dia any DIVORCED PIIO Do USJAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12 CT ZEN OF WHAT physician c during most of working life, even if retired) INDUSTRY listed MOTHER'S MAJDEN NAME 13 FATHER'S NAME ar remaval, IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO INFORMANT KNOWN crematian, 18 CAUSE OF DEATH (Enter only one couse per igne for (a), (b), and (c)) burial-frans't PART I DEATH WAS CAUSED BY hrosclerosis signed by IMMEDIATE CAUSE (o) DUE TO Diabetis mellitus burial Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause by the haspital ar attending has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO this certificate 200 ACCIDENT WAS JNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER ತ 2De PLACE OF INJURY (Home, form, (State) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (C ty or town) (County) MEDI Hour o.m. foctory, street, office bldg , etc.) While Not While at work at work 19 65 , ta 21. I certify that (1) (this hospital) attended the deceased from 6-21: be retained 19 67, and that death occurred of 40 AM, fram causes and on the date stated above TO FUNERAL DIRECTOR: sow the deceased alive an 22b. DATE SIGNED 22n. SIGNATURE STAFF DIRECTOR director, page 3 should be filed v G.M 22d ADDRESS 22r. PHYSICIAN'S BARROSO Md NAME (Type) BURIAL CREMATION. ANAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) heslandanken VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH era PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Dorchester non papers. Pages 1 within 72 hours after Maryland Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Church Creek Days Cambridge .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS IS RESIDENCE ON A FARM? Cambridge-Marvland Hospital Rural NO I etely executed within carbon 3. NAME DF First DATE Middle Last 4. Month Day Year DECEASED event, COMPL (Type or print) DEATH 19 Reba June 9 Jones 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED and con remove DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days Hours any Female Whi te WIDOWED DIVORCED | A110 10a. USUAL OCCUPATION (Give kind of work done done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY ician lase r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Homemaker Church Creek II.S. death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME he attending permit. The Frank E Vickers Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 9 (Yes, no, or unknwn) (If yes give war or dates of service) cremation, Νo C. Jones Church Creek Md CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The law requires that the ed by the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EMORRHAGE attending physician. DAVS been signed the burial-transport to burial, cr DUE TO ERTENS/ON Cenditions. If any, which (b) gave rise to immediate TERIOSCLEROSIS DUE TO cause (a), stating the underlying cause last. as FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate NO 🐼 YES 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) CERTI d d this cer detached MEDICAL TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work ___ at work AA 196 21. I certify that (I) (this hospital) attended the deceased from 19_4.4. that (I) (we) last 3 should with the and that death occurred 15 M from the causes and on the date stated above. 1966 saw the deceased alive on SIGNATURE 22b. DATE SIGNED 22a. OIR ATTENDING eg e M.D. DIRECTOR PHYS. PHYS. TO HOSPITAL Page 4 may Da ₻ FUNERAL director, pr 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) MBRIPGE VIARYANOV BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. 23b. DATE THEREOF 23d. REMOVAL (Specify) 2 troue as Cambridge, Md VR A15 (4) DATE 20M 1/65



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08099 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAFE PLACE OF DEA 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY o STATE b. COUNTY Dorchester 9 P.M3. Page Dorchester MARYLAND Maryland delay 1 and 3 b CITY OR TOWN (If auts de carporate limits, c. LENGTH OF STAY N to c CITY OR TOWN (If guts de carparate im ts write RURA, and give negrest tawn) write RURAL and give nearest town) Cambridge. Cambridge d NAME OF HOSPITAL OR INSTITUTION (tind) in hospital, give street address IS RESIDENCE ON A FARM? d. STREET ADDRESS form 612 Chesapeake Chesapeake Court ·NO X Item 18. Give Poges Office along with 3. NAME OF 4 DAYE Middle Year DECEASED OF DEATH Willie Lawrence June 19 67 (Type or print) 9 AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH IF UNDER 1 YEAR 7 MARRIED lost bethdoy) Months Hours Male Negro Sept. WIDOWED DIVORCED 11 BiRTHPLACE (State or fareign country) 12 CIT ZEN OF WHAT 10o, JSUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) USA ? INDUSTRY This certificate should be executed within 24 Virginia
14. MOTHER'S MAIDEN NAME Ξ Laborer benc 13. FATHER'S NAME Exom Unknown Unknown E 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (11 yes give war at dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address any event within 72 Chief Medical "pending" Susie Douglas, Cambridge, Md No 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSEL AND DEATH + IMMEDIATE CAUSE (a) Congestive heart failure e, writing the word forwarded to the Ch DUE TO Conditions, if any, which gave rise to immediate cause (a), .⊆ DUE TO stating the underlying cause and last. used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I(0) WAS AUTOPSY PERFORMED? removal, 8 the certificate, YES X NO CERTIFICAT 20a EXTERNAL CAUSE WAS PRIMARY I OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of Item 181) 3 should shauld cremotion, or MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF NURY (Home, form) (City or town) (Caunty) (State) Hour am factory, street, affice blda., etc 1 Nat While DIRECTOR: Poge at work 21 I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted from: Natural causes of Accident Suicide Undetermined manner Hamic de be retained CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED Health prior t ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL TO DEPUTY 6/8/67 necessory, DEPUTY MEDICAL EXAMINER **EXAMINER'S** Cambridge. Md. John Mace Address (Street, city, town or county) 23d LOCATION IL by or Town) 230 BURIAL CREMATION (County) 0 REMOVAL (Specify) Cambridge, Dor., Bethel Cemetery Buria] 250. REC D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) Cambridge, Md. Clair FuneralCo. 6M 1/67

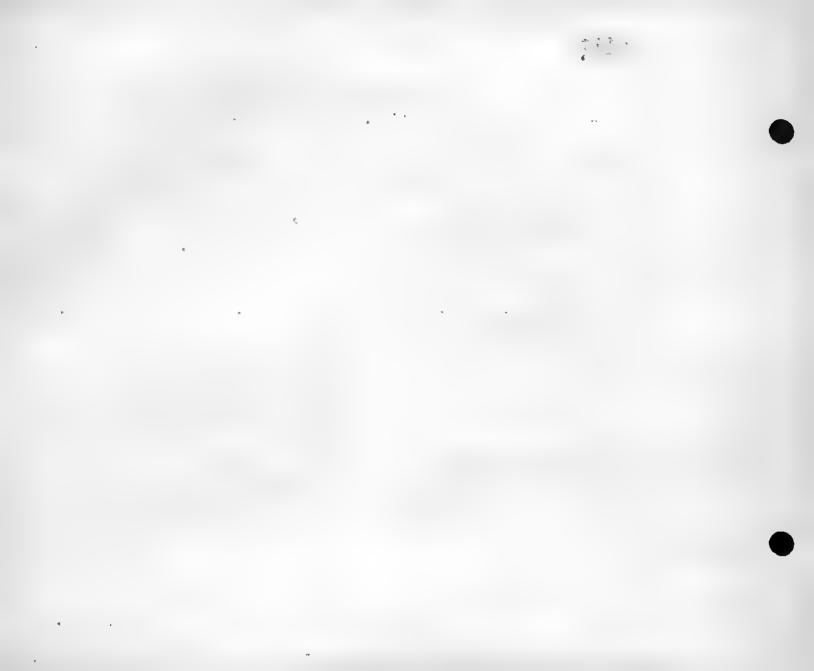
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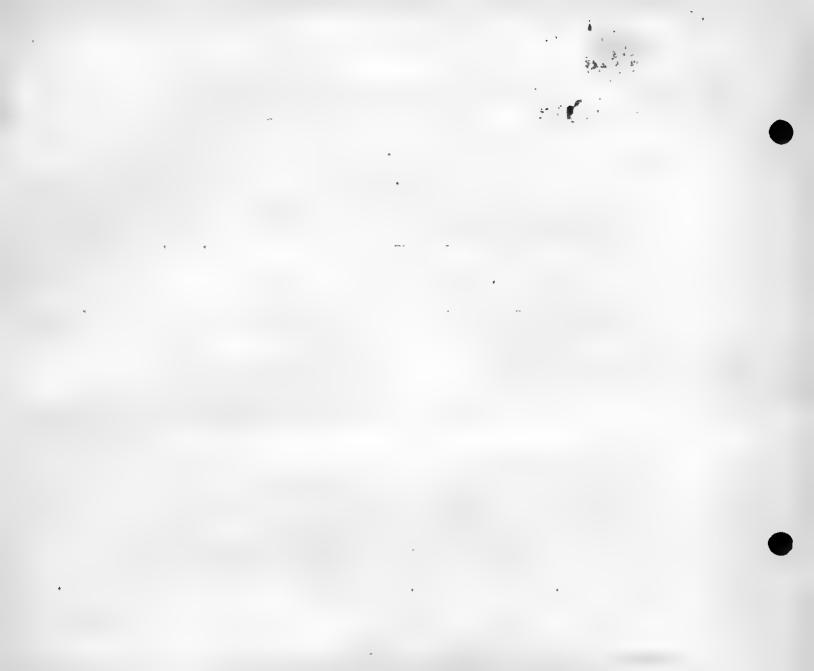
1.1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
(Ala)	08111	CERTIFICATE O	OF DEATH	00180		
funeral l and	1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND 2	USUAL RESIDENCE (Where deceased lived, if instit a. STATE b. CO Maryland	ution: Residence before admission) UNIY Dorchester		
haurs aftern by the ts. Pages hours after	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tural - Cambridge		CITY OR TOWN (If outside corparote limits, write R Rural - Cambridge	URAL and give nearest tawn)		
nin 24 ha filled in t papers.	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital Cambridge Maryland Hospi	, give street oddress) d	STREET ADDRESS	B IS RESIDENCE ON A FARM? YES NO		
ted within pletely fill carbon prent, within	3 NAME OF First DECEASED (Type or print) Mamie	Middle Elizabeth	Lost 4 DATE Mo	nth Day Year 1967		
be executed within and campletely file remove carbon lin any event, with	S SEX 6 COLOR OR RACE 7 MARRIEI Female Negro WIDOWEI	NEVER MARRIED B. DA	ATE OF BIRTH 9 AGE (In years lost birthday) 76 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Doys Haurs Min.		
ertificate be exi physician and i ien please remi oval, and in an	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	KIND OF BUSINESS OR INDUSTRY Domestic	BIRTHPLACE (County & Stote, or foreign country) Talbot County Md.	12 CITIZEN OF WHAT COUNTRY?		
leath certificate I ending physician nit. Then please or removal, and	13. FATHER'S NAME John Moaney 15. WAS DECEASED EVER IN U.S. ARMED FORCES?		. MOTHER'S MAIDEN NAME Julia Bolde			
e death attendii sermit. an, or re	(Yes, no, or unknown) (If yes give wor or dotes of service) No					
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after to hospital ar attending physician. This certificate has been signed by the attending physician and campletely filled in by the further for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 Dept. af Health priar to burial, crematian, or removal, and in any event, within 72 hours after	.8. CAUSE OF DEATH (Enter only one couse per line f PART! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	or (o), (b), ond (c)) cdiac decompens	sation	INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if any, which gave nise to immediate cause (a). Stoting the underlying couse Conditions, if any, which gave the course of the co	teriosclerotic	heart disease			
IAN: The law related an attending I ficate has been sfar use as the Effective to be the Effective to be the tent to be the ten	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	TO DEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	39 WAS AUTOPSY PERFORMED? YES NO		
rsician Spital a certificat hed far t. af Hec	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (Enter	er noture af injury in Port I or Port II af item 18.)			
OR ATTENDING be retained by th JIRECTOR: After t e 3 should be de ed with the State	Hour a.m. Wh. p.m. 19 potw	ark At While foctory, s	F INJURY (Hame, form, street, office bldg., ex.) 20f (City ar town)	(Caunty) (State)		
	21 I certify that (I) (this haspital) atters saw the deceased give on June 220 SIGNATURE	nded the deceased fram 19 67 and that de	/ ``/ '`	s and on the date stated above		
	22c PHYSICIAN'S	7 M.D.	ATTENDING MED. STAFF PHYS DIRECTOR PHYS.	June 15, 196		
TO HOSPITAL OR Page 4 may be: O FUNERAL DIRI director, page 3 shauld be filed to	NAME (Type) J. EDWIN FASS 230. BURIAL CREMATION. 23b. DATE THEREOF	ETT, MD		AMBLIDGE, MD. [Gunty] (State)		
	REMOVAL (Specify) Bu 12 27 24. BUNERAL DIRECTOR 27. BUNERAL DIRECTOR	Cordtown Cemet	ery Borchester	County IId.		
VR A15 (4) 20 M 1/66	Herpert M DAN Price	Cambridge, M	1 THE 1 C 40C7 W	Climbes Judge		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08112 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08101PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a COUNTY Dorchester Maryland b COUNTY Dorchester Page \sim P artment of **MARYLAND** delay E LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carporate limits, c CITY OR TOWN (If outside corparate armits, write RURA, and give nearest town) 2, and PM3 write RURAL and give nearest town) about 60 yrs Cambridge Cambridge State Debo d NAME OF HOSP TAL OR INSTITUTION (If not in hospito, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 shauld be farwarded to the Chief Medical Examiner's Office along with tong 120 Mill Street 120 Mill Street NO IX be executed within 24 hours after death. 3. NAME OF DATE Fist Midd e Last Year DECEASED ROBERT 19 67 H. MATTHEWS June 19 (Type or pont) DEATH S SEX 6 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH AGE (n years 7 MARRIED NEVER MARRIED lost birthdoy) Months Haurs Male Sept. 27, 1884 White WIDOWED IX DIVORCED within 72 hours after death 10b KIND OF BUSINESS OR 10o JSUAL OCCUPAT ON (Give kind of work done 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Realtor-Ins. Broker **COUNTRY?** Real Estabe- Ins. Fairmount, Maryland USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Sewell Matthews Margaret Esther Dobson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (It yes give war ar dotes of service) Donald E. Matthews, Cambridge, Maryland unk IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN event PART I DEATH WAS CAUSED BY PARE OF SHIP Coronary Occlusion IMMEDIATE CAUSE (o) certificate should DUE TO any Canditians, if any, which gove " (b) rise to immediate cause (a), .= DUE TO stoting the underlying cause and G S last. 19 WAS AUTOPSY PERFORMED? remayal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO K 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature at injury in Port I at Port II at item 18) 3 should PRIMARY I or CONTRIBUTING I cremation, or CAUSE OF DEATH MEDICAL 20d NJURY OCCURRED 20e PLACE OF NJURY (Home form, 20c TIME OF NURY Month, Day, Year (City or town) (County) (Stote) Haur o.m. factory, street, office bldg., etc.) While 19 ot work of work 21 I certify that I taok charge of the remains described above, held an Autopsy Inspection 🛣 , Inquiry ond in my opinion FUNERAL DIRECTOR: deoth resulted fram: Natural couses 😿 Accident Suicide . Undetermined manner Homicide funeral directar be retained CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASS STANT MED CAL EXAMINER SIGNATURE prior 6/20/67 DEPUTY MED CAL EXAM NER X **EXAMINER'S** Address (Street, city, town or county) Cambridge. Md. NAME (Type) John Mace 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL EREMATION REMOVAL (Specify) June 21, 1967 Greenlawn Cemetery Cambridge, Maryland 250. REC'D BY REGISTRAP 1967 256. 24. FUNERAL DIRECTOR VR A 15ME (5) LeCompte Funeral Service, Cambridge, Maryland 6M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH letely filled in by the farren arbon papers. Pages 1 24 at, within 72 hours after 45 a. STATE b. COUNTY a COUNTY DORCHESTER MARYLAND c CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CAMBRIDGE RURAT LIEE e IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO X ATREYS. MD. 3 NAME OF Middle 4 DATE Manth Dov Year First Lost DECEASED JIME 1967 MITTER SOPHIE Ψ. (Type or print) DEATH IF UNDER 1 YEAR 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthaay) Hours OCT. 8, 1871 DIVORCED FEMALE NEG 20 WIDOWED 12 CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country) 10a USUAL OCCUPATION (Give king of work done COUNTRY? during most of working life, even if retired) INDUSTRY DORCHTSTER CO., MD. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal. MARY NASH Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give war or dotes of service) 16-56-1786 BULLE BUTTOUGHS AIREYS. MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c)). signed by the burial-tronsit purial-tremotic Cardiac decompensation ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ģ DUE TO orteriosclerotic C.V.D. Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause be retained by the haspitol or attending O FUNERAL DIRECTOR: After this certificate has been for use os the 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO To YES T 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II af Item 18.) 20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour a.m. Nat While at work 21. I certify that (1) (this haspital) attended the deceased fram ADPIL 29, 19 0 (, to JUNE 29, 19 0 (that (1) (we) last M, fram causes and an the date stated above. z, and that death accurred at_ saw the deceased alive on_c June 30, 22a. SIGNATURE ATTENDING MED. DIRECTOR 53 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FASCETT. director, sbould l 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) SALIM 25b. REGISTRAR'S SIGNATURE ADDRESS 2Sg. RECLD BY REGISTRAR FUNERAL DIRECTOR CEL CAT BILDGE, MD. 20 M 1/66

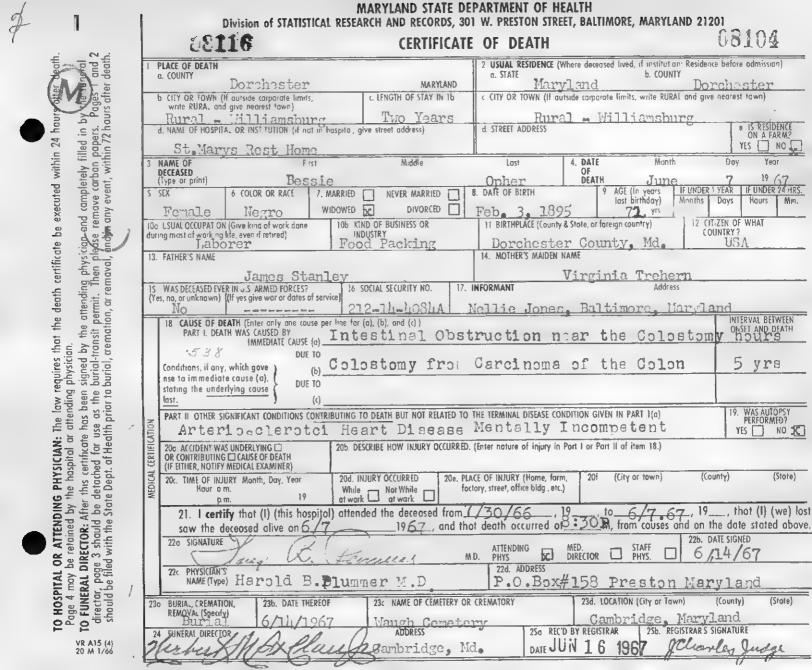


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Dorchester Dorchester MARYLAND Marvland CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) J completery mass. Pages. c. LENGTH OF STAY IN 1b Hours Cambridge Cambridge hour d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Cambridge-Maryland Hospital Edlon YES NO te Park executed within 3. NAME OF First 4. DATE Month Day Year Middie Lest DECEASED DF DEATH (Type or print) Marien Mohler
8. DATE OF BIRTH June 8.1967
AGE (In years | IF ONDER I YEAR last birthday) | Months | Days 19 Dewey 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX IF UNDER 24 HRS 9. ешоле Hours and WIDOWED DIVORCED Male White June 10a. USUAL OCCUPATION (Give kind of work dane)
during most of working life, even if retired)
10b. KIND OF BUSINESS OR
INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) attending physician tease and it death certificat be COUNTRY? Mardella Springs Salesman retired Mardella 13. FATHER'S NAME remova Charles Trene Hankins Mohler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ned by the attend si-transit permit. 16. SOCIAL SECURITY NO. Address dlon Park (Yes, no, or unknwn) (If yes give war or dates of service) W.W. Cambridge YAS MICHAEL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PHYSICIAN: The law requires that the ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-tra burial-tra burial, cr DUE TO Cenditions, if any, which (b) the bu gave rise to immediate DUE TO cause (a), stating the as th prior 0 underlying cause last. W (c) CERTIFICATION WAS/AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 19. for use Health use PERFORMED? certificate NO F YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part i or Part II of item 18.) this certification of I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) be de State Hour a.m. While Not While After Id be d ATTENDING at work at work 19 that (I) (we) last should th the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: and that death occurred a: 15 MP mm the causes and on the date stated above. saw the deceased alive on 3 sho 22a. SIGNATURE 22b. / DATE De l ATTENDING PHYS. STAFF page M.D. DIRECTOR PHYS. J FUNERAL D director, pa may HOSPITAL PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) 3 02 (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. REMOVAL (Specify) 2 Burial East New Market Ceme June FUNERAL DIRECTOR VR A15 (4) DATE 20M



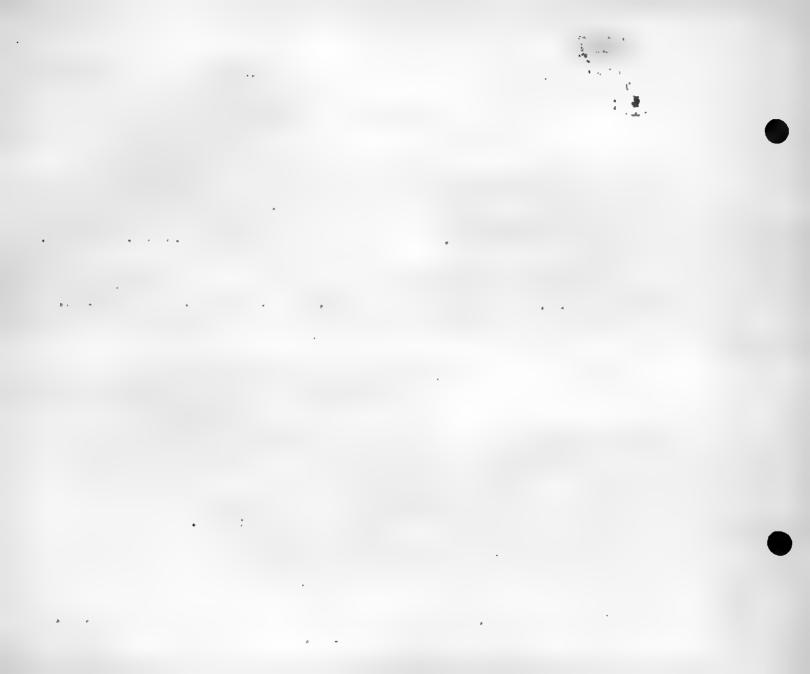
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence as STATE b. COUNTY b. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1D C. LENGTH OF STA	103
1. PLACE OF DEATH a. COUNTY Derchester Maryland 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. STATE Md b. COUNTY Derchester	ce before admission)
T E OF A POINT OF COURT OF COU	·
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Ive nearest town)
4 = 87	e. IS RESIDENCE ON A FARM?
3. NAME OF DECEASED FIrst Middle, Last 4. DATE Month Day	YES NO Year
3. NAME OF DECEASED (Type or print) Solo Clyde Moore DEATH 6	7 1967
5. SEX 6. COLOR OR RACE 7. MARRIED DEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR last pirthday) Months Days WIDOWED DIVORCED 11/12/1904 2 yrs.	Hours Min.
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13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	d
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes pite war or dates of service)	nak, MH.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE Maryland b. counDorchester Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b oon papers. Pay within 72 hours Cambridge Cambridge 30 Years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 8. IS RESIDENCE ON A FARM? d. STREET ADDRESS 24 Crusader Road 205 Crusader Road NO PG letely death certificate be executed within 3. NAME OF Last Month Year First Middle DECEASED n and complet remove carb n/anyevent, v Phelps DEATH June 20.1967 (Type or print) Harry Byrn 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH White 8.1892 Male WIDOWED [DIVORGED [March 10a. USUAL DCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician in please r 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even If retired) **COUNTRY?** INDUSTRY Cambridgem, Md., R.D U.S. Insurance salesman. Het. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Elizabeth Byrn Francis P. Phelps 20 Addrerusader Road d by the attend transit permit. cremation, or ri 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) Phelps, Cambridge, Md. W.W. Mrs. Eva L. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). I INTERVAL BETWEEN PHYSICIAN: The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-to burial. DUE TO Cenditions, if any, which been gave rise to immediate r the DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) or use Health PERFORMED? NO [YES F 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) detached for the Dept. of I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After at work at work p.m. 19 Ö 196 . that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should and that death occurred 12:15M. Aom the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a, SIGNATURE MED M.D. PHYS DIRECTOR PHYS. Da 運 FUNERAL PHYSICIAN'S ADDRESS director, p should be NAME (Type) Z3d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2 Memorial Park Cambridge.Md. VR #15 (4) 20M



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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e 3 should be detached for use as the buriol-transit permit. Then please remove calong papers. Pages 1 and 2 ed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 haurs after death.		CONGESTIVE HEAD	RT FAILURE	9 DAYS DEATH	
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O HOSPITAL Poge 4 moy O FUNERAL director, pog should be fi	230. BURIAL (REMATION, BUNDAL (Specify) June 18, 1967	23c. NAME OF CEMETERY OR C		City or Town) (County) (State)	
Q Q O O O O O O O O O O O O O O O O O O	Pune 18, 1967 24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALI	St. Stephens	2Sa. REC'D BY REGISTRAR	25b REGISTRAR'S SIGNATURE (Clianley Judge	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08107 CERTIFICATE OF DEATH ond 2 death e Ecopera PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission): O. STATE MARYLAND a. COUNTY 6. COUNTY QUEEN ANNES CO. Dorchester popers Pages I MARYLAND c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 by Page write RURAL and give nearest town) law requires that the death cestificate be executed within 24 hours Centreville 194 S am bridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Ξ d STREET ADDRESS e IS RESIDENCE ON A FARMS within 72 filled YES NO D corbon NAME OF Rufus 4. DATE Last Month Year completely DECEASED
(Type or print) Edmune OF DEATH JUNG 1967 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years IF JINDER 1 YEAR remove last birthday) Months Dovs Haurs CALCASION ON WIDOWED DIVORCED puo 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BH THPLACE (County & State, ar fareign country) duppg most afwarking the even if retired) FARMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, IS WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes polar unknown) (If yes give wor ar dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) ò DUE TO signed burial, Canditions, if any, which gove rise ta immediate cause (a). DUE TO stating the underlying cause PART II OTHER SIGNALCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) WAS AUTOPS Y ed far use of Health 1 this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER: 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm (Stote) (City or town) (Caunty) Hour a.m. factory, street, office bldg., etc.) Nat While OR ATTENDING at work L 21. I certify that if (this hospital) attended the deceased from フ, that 概 (we) las O HOSPITAL OR ATTEND Page 4 may be retained FUNERAL DIRECTOR: saw the deceased alive on La , and that death accurred at M, from causes and an the date stated above 22a SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR director, page should be filed **ADDRESS** 22c. PHYSICIAN'S NAME OF CEMETERY OR CREMATORY 23th BURIAL CREMATION DATE THEREOF LOCATION (City or 2 M. FUNERAL DIRECTOR 25a RECD BY REGISTRAR VR A15 (4) 25M 1/67 DATE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08120 CERTIFICATE OF DEATH O HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution PLACE OF DEATH a. COUNTY **b** COUNTY MARYLAND 2 c CITY OR TOWN (If gurs de carparate limits, write RURAL and give negrest tawn) c LENGTH OF STAY IN 16 CITY OR TOWN (If outside carparate limits .⊆ IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give site address) filled NO X campietely fi noye-carbon p NAME OF Last 4 DATE Year DECEASED event, (Type or print) DEATH AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED Jast birthday) Hours DIVORCED WIDOWED TOP KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USJAL OCCUPATION (Give kind of work done BIRTHPLACE (County & State, or fareign country) during most of warking life, even if retired) INDUSTRY CLNHNOWN CLNHNOWN removal (Yes, na, or unknown) (If yes give war or dates of service) Mgd. Care

LAKNOWA 17 INFORMAN Nospital Medical Kee burial, crematian, 18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY neumonia IMMEDIATE CAUSE (o) DUE TO generalized debilition years Conditions, if any, which gove) rise ta immediate cause (a), DUE TO far use as the b f Health priar ta b stating the underlying couse 10 FUNERAL DIRECTOR: After this certificate has been (d) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Brain Syndrime YES T NO DK 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of Item 18) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur a m. Not White Page 4 may be retained by 21 | certify that (M'(this haspital) attended the deceased from 5 -20 - , 1966, to 6 - 38 , 1962, that (1) (we) last saw the deceased alive an 6 - 38 - 1962, and that death occurred at (32) 1 M, from causes and on the date stated above saw the deceased alive an 6 -28 220 SIGNATURE 22b. DATE SIGNED STAFF n Clan Welsky M.D DIRECTOR director, page should be fried 22d ADDRESS (22 PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION 23b. DATE THEREOF 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 299 Dec Eld By REG STRAR 3 0 1967 24 FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH 5 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 78121 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) n. COUNTY a. STATE 6. COUNTY pletely filled in by the func carban papers. Pages 1 a ent, within 72 hours after d DORCHESTER MARYLAND DORCH ISTER requires that the death certificate be executed within 24 haurs after b CITY OR TOWN (if autside carparate imits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) T. TEER CAMBRIDGE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? CAMBRIDGE MARYLAND HOSPITAL. YES NO K ROBBILIS NAME OF First Middle 4 DATE Last Month Day Year physician and campletely DECEASED (Type or print) CHARLES ED JARD carl ROBINGON DEATH BUNE AGE (In years SEX 6 COLOR OR RACE B DATE OF BIRTH iprony eve 7. MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED remove last birthday) Manths Days Haurs MAL NEGRO WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreion country) 12 CITIZEN OF WHAT during most of working life, even if retired) please COUNTRY? INDUSTRY and DORGHINGTER CO. TIS A ----13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, or remaval, POBILISON JOHN MARY ELIZABETH CLASH IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address (Yes, na, ar unknown) (If yes give war ar dates of service) 220-09-1898 MARY AGNES ROBINSON CAMBRIDGE 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Cardiac Decompensation IMMEDIATE CAUSE (a) signed by Canditions, if any, which gave Hypertensive Arteriosclorotic C.V.D. rise ta immediate cause (a). stating the underlying cause the O FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? be detached far use State Dept. af Health NO X YES T 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, farm, (City or town) (State) (County) factory, street, affice blda., etc.) Nat While at wark 21. I certify that (I) (this haspital) aftended the deceased fram An LL 24, 19 57, to June 21, 19 57, that (I) (we) last saw the deceased alive an June 21, 19 57, and that death accurred at ______M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** 196 June M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) dwin Fassett. M.D. ě P. 0. 576 62, High Street directar, shauld b 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) **ADDRESS** 2Sb REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (CATBRILTO, MD.



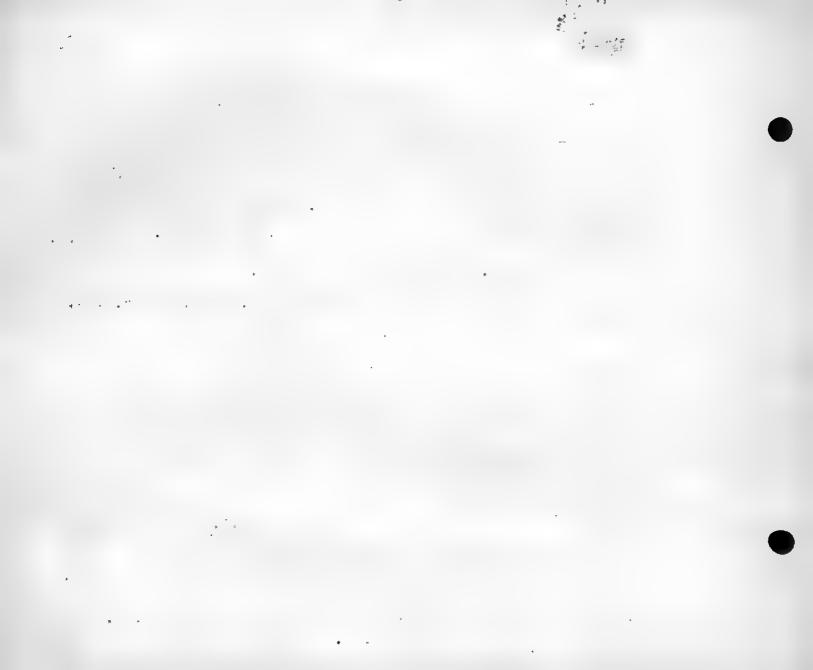
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Dorchester a. STATE Maryland Dorchester MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) remove carbon papers. Pag n any event within 72 hours entire life Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 900 Maryland Ave.. 900 Maryland Ave.. YES NO NAME OF Middle DATE OF June Last Day Year DECEASED Mitchell Shorter 30.1967 (Type or print) 19 5. SEX 6. COLOR OR RACE | 7. MARRIED A NEVER MARRIED AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH Oct.1,1897 Male Wh1 te WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be during most of working life, even if retired NDUSTRY State Hospital Attendant, Retired COUNTRY? Co., Sewards. Dorchester 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jesse Shorter Bessie Willey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Maryland Ave (Yes, no, pr unkown) [(If yes give war or dates of service) Mrs.Ida May Shorter. Cambridge. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), }. INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signer the burial-f DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? emid NO [YES | 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (State) (County) Hour a.m. Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. . 19 ___ to and that death occurred aB: 30 MAron the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DATE SIGNED 22b. -MED. STAFF page M.D. DIRECTOR PHYSICIAN'S 22c/ ADDRESS d be NAME (Type) direct BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. 23d. LOCATION (City, town or county) REMOVAL (Specify) Ceme 20M 1/65



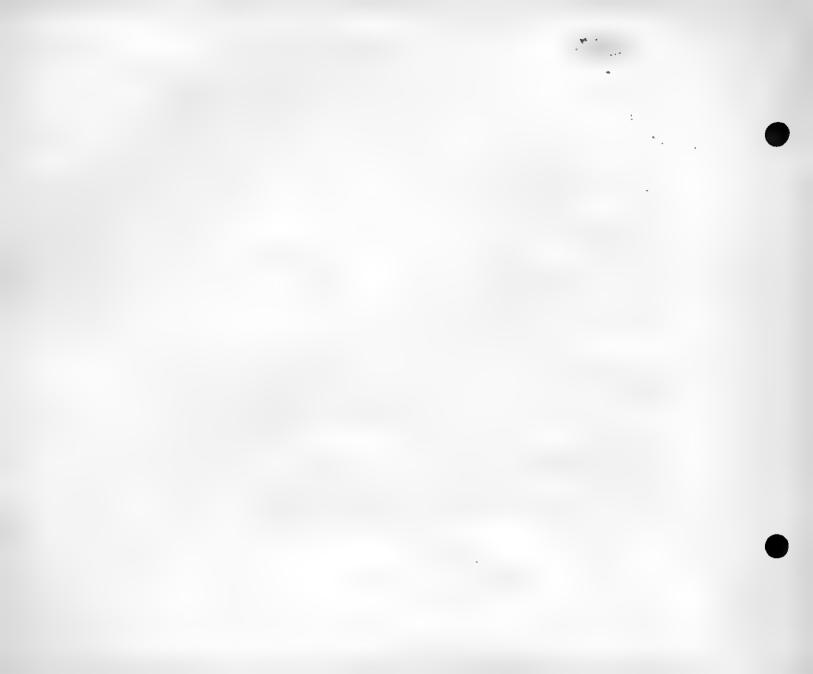
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08110 CERTIFICATE OF DEATH 8123 papers. Pages 1 and 2 hin 72 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b COUNTY Dorchester Maryland Dorchester MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Pages b CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Phodesdale - Rural 4 weeks d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE d. STREET ADDRESS ON A FARMS R.F.D. Cambridge-Maryland Hospital YES X NO 3. NAME OF First Middle DATE Month Dov Year Lost DECEASED (Type or print) 19 67 MARY DELLA SINGLETARY June DEATH IF LINDER I YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Negro March 19, 1903 Female WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) physician a nen please aval, and in during most of working life, even if retired) INDUSTRY COUNTRY? Dorchester Co., Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME bunal, crematian, ar remaval, attending phys Henry Stanley Henrietta Thomas 17 INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, no or unknown) (If yes give wor or dotes of service) 20-16-9357 Ide Singletary, Rhodesdale, Md., RFD IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burnal-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stoting the underlying couse as the 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) USe be detached far use State Dept of Health YES TY NO After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Horne, form, (City or fown) (County) (State) 20c TIME OF INJURY Month, Doy, Year Hour to m. factory, street, affice bldg., etc.) Not While of work 21 | certify that (1) (this haspital) attended the deceased fram. , 19____, ta_ , 19___, that (1) (we) last 19____ and that death accurred at M, fram causes and an the date stated above. DIRECTOR: saw the deceased alive an 22o. SIGNATURE 22b DATE S GNED ATTENDING MED DIRECTOR STAFF PHYS. directar, page 3 shauld be filed v M.D 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b, DATE THEREOF (County) (Stote) REMOVAL (Specify) Near Rhodesdale, Maryland June 10, 1967 Rhodesdale Cemetery 2Sb REGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR Tamplon DATE JUN G Minney Judge 1987 Framptom and Son, Federalsburg, Maryland

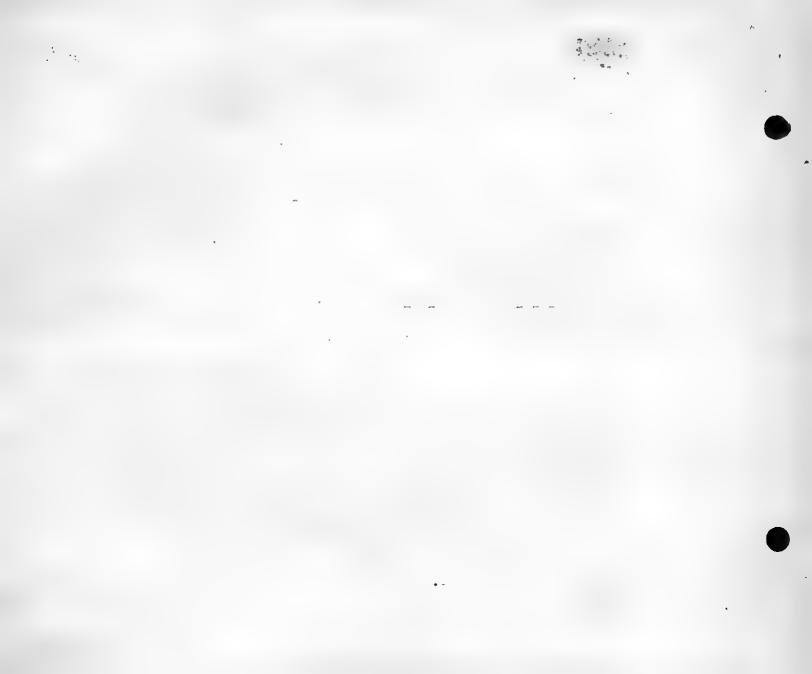


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY b. COUNTY Dorchester a. STATE Maryland Dorchester MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Cambridge c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Š Madison li weeks = papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? Cambridge-Maryland Hospital Route 16 Rural ri La ND A YES etely executed within remove carbon NAME OF Last Middle DATE Month Day Year ī DECEASED Myrtle event, Snook June 14.1967 compli (Type or print) DEATH 19 6. CDLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH ACE (In years I FUNDER 1 YEAR II FUNDER 24 HRS. last pirthday) Months Days NEVER MARRIED DO Hours any and Female White Jan.1.1886 WIDOWED [DIVDRCED [10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT ≘ 11. BIRTHPLACE (County & State, or foreign country) Ial ease COUNTRY? death certificate be and physicia Rutherford.Ontario U.S. Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remilival Sarah E. Oliver Snook Lyman W. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address permit. 9 (Yes, no. or unkown) ((If yes give war or dates of service) Frederick S. Snook. Madison. Md. cremation. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN -transit DISET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. INPARCTION MMEDIATE MYOCARDINL signed urial-tra A COUX burial. DUE TO been so Conditions, If any, which AATKALO SCLEROTIC CARDIO VIASCUL AR DIESCHSE (b) gave rise to immediate as the prior to DUE TO cause (a), stating DIABLIES AKLLITUS underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? ND I YES T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) tached f DR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) Hour a.m. While Not While After ATTENDING n.m. at work at work 1967 19 6 7 . that (II) (we) last 6-14 21. I certify that (I) this hospital) attended the deceased from 5-19 DIRECTOR: 19 67 and that death occurred . Mr. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED STAFF PHYS. page ATTENDING 6-14-67 DIRECTOR M.D. PHYS may HOSPITAL FUNERAL PHYSIC/AN'S 22d. ADDRESS should be irector, NAME (Type) CAMBRIDGE MARYLAND 386 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 5.2 REMOVAL (Specify) Joppa Churchyard Burial 16.1967 June REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. EUNERAL DIRECTOR Cambridge , Md. VR ALS (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08112 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY papers. Pages 1 hin 72 haurs after MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft b CITY OR TOWN (If autside corparate limits, c LENGTH OF STAY IN 16 limits, write RURAL and give nearest town) write RURAL and give negrest tawn ,⊑ INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled □ NO 🖂 YES NAME OF Middle pgu DATE Month Day Year DECEASED isie June 1967 (Type or print) 19 DEATH cample SEX 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH Manths last_birthday) Doys Hours DIVORCED WIDOWED 10a USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT le ase during most af warking life, even if retired) INDUSTRY and 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Slusher ar remaval 15 WAS DECEASED EVER IN U.S. ARMED FORCES INFORMAN Address (Yes, no. or unknown). If if we give war ar dates of service burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) signed ! **DUE TO** Conditions, if any, which gave (b) use to immediate cause (a). DUE TO stating the underlying couse as the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE WAS AUTOPSY PERFORMED? this certificate has Health NO YES 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (Caunty) (State) MED Hour 'a.m. While Not While factory, street, office bldg, etc.) OR ATTENDING 21. I certify that (1) (this haspital) attended the deceased from (13 - 22 1962 to06 -04 196 /, that (1) (we) last Page 4 may be retained O FUNERAL DIRECTOR: 1967, and that death accurred at 950 AM, from causes and on the date stated above. saw the deceased alive on 22a SIGNATURE 225 DATES GNED director, page 3 shauld be filed a M.D DIRECTOR PHYS PHYS 22d NAME (Type) 23d COCATION (City or Town) 23b DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORS (State) (County) 1967 Shrewsbury Cem. near Kennedyville, June 2Sa. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Chestertown.





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The fow requires that the death certificate be executed within 24 hours ofter death by the funeral Pages 1 and 2 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY o. STATE Maryland b. COUNTY Dorchester Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in by the over carbon popers. Page yeggt within 72 hours a write RURA, and give necrest town)
Cambridge Life Cambridge d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? 303 Maryland Avenue 303 Maryland Avenue YES NO K NAME OF Middle 4. DATE ottending physicion and completely to sermit. Then please remové carban Year DECEASED (Type or print) 167 ELIZABETH BRAMBLE TRAVERS June 16 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS SEX 9. AGE (In years 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED **NEVER MARRIED** Dec. 27, 1896 ast birthday) Female White POULS or removal, and in any WIDOWED DIVORCED 1Do USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? USA Cambridge, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sallie Mills T. Milbourne Bramble 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes no, or unknown) (If yes give war or dates of service Mr. Herbert Travers, Cambridge, Maryland unk crematian. 16 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART 1 DEATH WAS CAUSED BY:

Motors INTERVAL BETWEEN signed by the burial-tronsit ONSET AND DEATH Metastatic Carcinoma of Pancreas IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDIMG PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physicion. DUE TO Canditions, if any, which gave (6) rise ta immediate cause (a), DUE TO stating the underlying cause **RECTOR:** After this certificate has been 3 should be detached for use as the with the State Dept of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? NO 2Do ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part | or Part II of item 18) OR CONTRIBUTING CLICAUSE OF DEATH (IF EITHER, NOTIFY MED CAL EXAMINER! MEDICAL 20d INJURY OCCURRED 2De PLACE OF INJURY (Hame, Farm, 20f. (City or fawn) (Caunty) (State) 2Dc. TIME OF INJURY Month, Day, Year Hour 'a.m. factory, street, affice bldg., etc.) Not While at watk at work 21. 1 certify that (1) (this haspital) attended the deceased fram 5-23-62 the deceased fram 5-23-62 , 19 , ta 6-16-67 , 19 , that (I) (we) last 19 , and that death accurred at 1. M fram causes and an the date stated above. 6-16-67, 19___, that (I) (we) last saw the deceased alive an 6-11-60 TO FUNERAL DIRECTOR: 220 SIGNATURE 22b. DATE SIGNED MED DIRECTOR ATTENDING STAFF 6-19-67 director, page 3 should be filed v PHYS PHYS 22d ADDRESS NAME (Type) Albert E. Bunker. M. D. 200 Md. Ave., Cambridge, Md. 21613 23a BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) June 18, 1967 Cambridge Cemetery Cambridge, Maryland 254 PRECO BY REGISTRAS 67 24 FUNERAL DIRECTOR **ADDRESS** LeCompte Funeral Service, Cambridge, Maryland

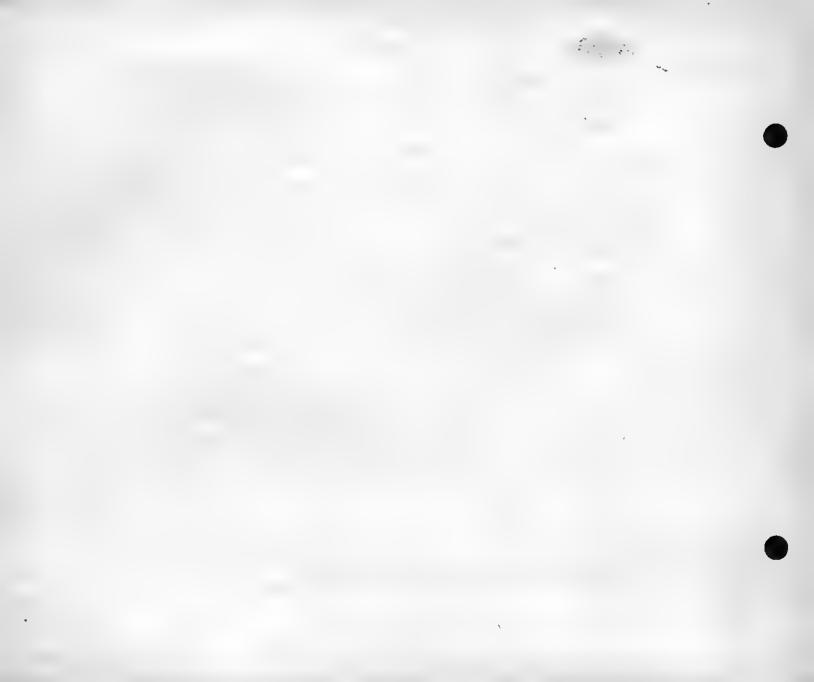


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH rand 2 hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Dorchester Maryland Dorchester MARYLAND Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cambridge Cambridge filled in years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? Ders d. STREET ADDRESS Race Street Cambridge-Marvland Hospital 716 NO D executed within etels NAME OF First Middle Last DATE Month Year DECEASED OF event, car (Type or print) Randolph DEATH, June 19 Arthur Trigger 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS етопе 7. MARRIED NEVER MARRIED last birthday) | Months | Days Hours any and WIDOWED T DIVORCED [Male Jan. 3. White lease re 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician death certificate be COUNTRY? Sheet Metal Worker Fredericksburg. Va. II.S. 6 removal. 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending pharmit. Then Amanda Shackleford James 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 906 Addressmelia St.. I-transit permit. (Yes, no, or unknwn) (If yes give war or dates of service) Mrs. Amanda North Cambridge Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH à PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LAENNEC'S been signed the the purial-transport to burial, cra CIRR HOSIS 5811 DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate YES D NO F this ceruit detached for 20a. ACCIDENT WAS UNDERLYING ()
OR CONTRIBUTING () CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 1) of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After at work at work should ith the S 6-1-67, 19___, that (1) (we) last 21. I certify that (D)(this hospital) attended the deceased from 7 L 19n At to. DIRECTOR: age 3 should lied with the M, from the causes and on the date stated above. 6-1-6 saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED ama 3. 17 5 STAFF / 6-2-67 M.D. DIRECTOR PHYS. FUNERAL PHYSICIAN'S NAME (Type) 22d. ADDRESS director, p BOX 386 MYCARTER CAMBRIDGE MD. 23b. 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION. DATE THEREOF 23d. LOCATION (City, town or county) 3,1967 Green Lawn Cemetery Cambridge. Md. June ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE UNERAL DIRECTOR Cambridge, Md. VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08116 CERTIFICATE OF DEATH 08129 PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. the funeral PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived, if institution Residence before admission] a. COUNTY 6 COUNTY MARYLAND b CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street, address) d. STREET ADDRESS S RESIDENC ON A FARM? YES NO 🔀 NAME OF Middle Last 4 DATE Doy Year completely DECEASED OF (Type or print) DEATH 06 S SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED AGE (n years lost birthday) Manths Haurs WIDOWED DIVORCED 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CT ZEN OF WHAT BIRTHPLACE (County & State, or fareign country) dusing most of working life, even if retired) INDUSTRY 3. FATHER'S NAME or remova IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes ng, ar unknown) (If yes give war or dates of service) IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN signed by the burial-transit puriol, cremati PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove 1 rise to immediate cause (a), DUE TO far use as the b (Heolth prior to b stating the underlying cause WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING NO this certificate 200 ACC DENT WAS JNDERLY NG 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF NJURY (Hame, farm, TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) Haur a.m. factory, street, office bldg., etc.) Not While at wark 21. 1 certify that (1) (this haspital) attended the deceased from 65-27 to CG - 64 Poge 4 may be retoined TO FUNERAL DIRECTOR: , and that death occurred at 2 5 fm M, fram couses and an the date stated above. saw the deceased alive on 22a SIGNATURE 22b. DATES GNED **ATTENDING** director, page system of the disease of the direction of 23a BURIAL CREMATION. 236 LOCATION (City or Town) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) (Caunty) REMOVAL(Specify) Galena Md. Kent June.7.1967 Galena Cemetery Burial 24 FUNERAL DIRECTOR ADDRESS 25g REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03117 08130 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Dorchester o STATE b. COUNTY Talbox MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (if Sutside corporate limits, write RURAL and give nearest tawn) amonusta RURAL land give negrest town) years / nappe e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Glasgow Nursing Home YES NO F NAME OF Middle 4 DATE Year Lost Day DECEASED WATTS OF DEATH une (Type or print) IF LNDER T YEAR IF LINDER 6 COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIFD lost dirthdoy) Months Dovs Hours white July 2. WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life even if retired) INDUSTRY QUNTRX.2 Dorchester. 13. FATHER'S NAME Sand mma Frazier WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, as unknown) [(If yes give was or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Arteriosclerosis DUF TO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour 'a m.

Conditions, if any which gove rise to immediate couse (a). stoting the underlying couse lost 200 ACC DENT WAS UNDERLYING [

21. I certify that (1) (this haspital)

saw the deceased alive on

foctory, street, office bldg., etc.)

and that death accurred at 6

ATTENDING

PHYS

that (I) (we) last

22a SIGNATURE 22c. PHYSICIAN'S

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

funeral

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remayal.

crematian,

burial-transit

TO FUNERAL DIRECTOR:

directar, should SEX

no

Lawrence Maryanov

Not While ot work

attended the deceased from

22d. ADDRESS Cambridge

M.D.

23d. LOCATION (City or Town)

M, from couses and on the date stated above

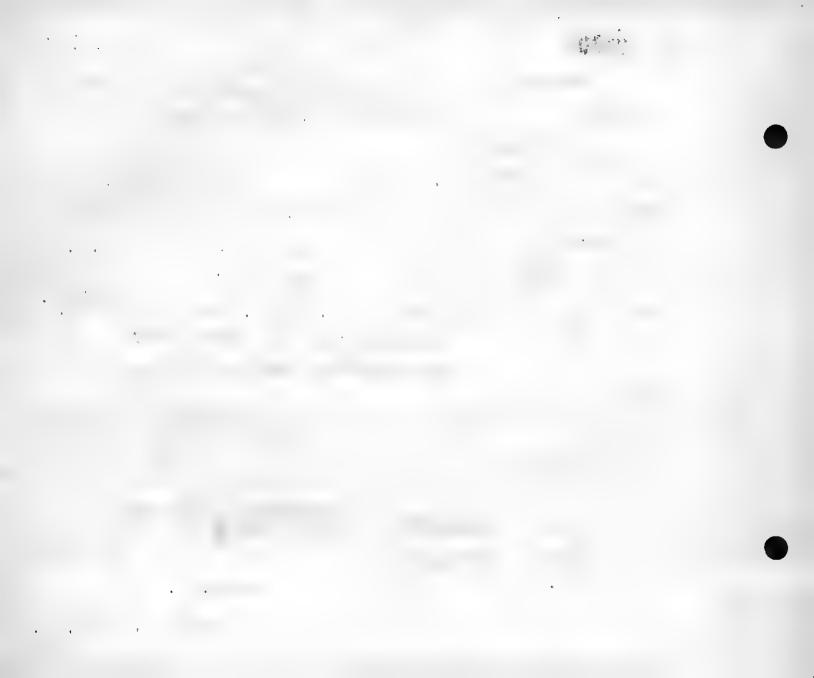
(Stote) (County)

24. FUNERAL DIRECTOR

230. BUR AL, CREMATION.

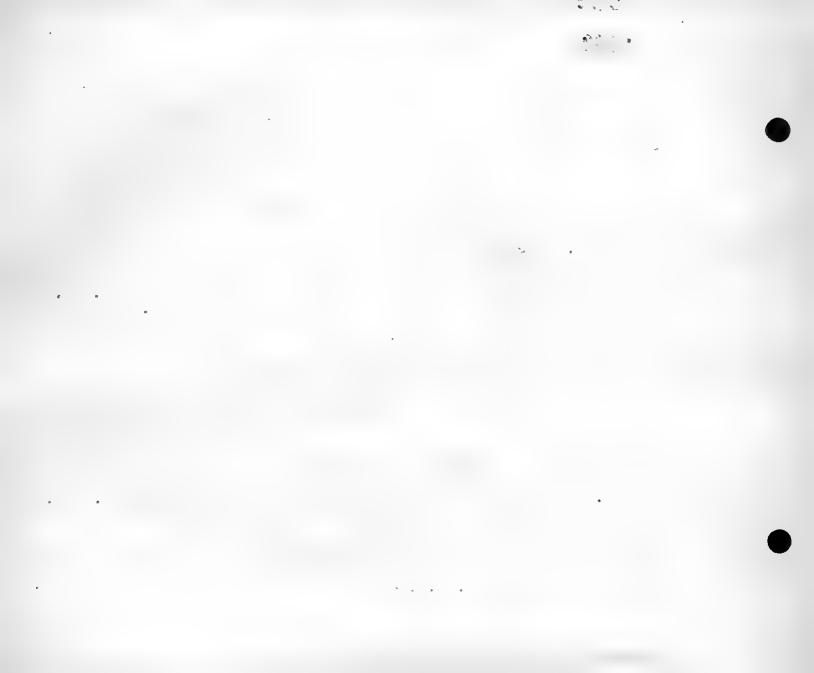
NAME (Type)

DATE THEREOF



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 69546 2131 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) n COUNTY b. COUNTY Florida Dôrche ster MARYLAND b CITY OR TOWN (If outs de corporate hmits, write RURAL and give neorest town)

Rural Hurlock r JENGTH OF STAY IN In c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 2 days d NAME OF HOSPITAL OR INSTITUTION (finot in hospital, give street oddress) IS RESIDENC d STREET ADDRESS ON A EARM? Spencer Jones Labor Camp YES NO after deoth, 3. NAME OF Middle 4 DATE Month Year DECEASED OF DEATH Walter Whitney 27, June 1967 10 Type or pant) S SEX 6 (O.OR OR RACE 7 MARRIED 8 DATE OF BIRTH AGE (In years IE UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) n pencil in Item 18. Examiner's Office ald Months Male Negro Unknown WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 1 BIRTHPLACE (State or foreign country) 12 CITIZEN DE WHAT during most of working life, even if retired)
Laborer migration . NDUSTRY migrant 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Dor. Co. Jail This certificate should be executed (Yes, no. or unknown)
Unknown (if yes give wor or dates at service Deputy Sheriff Hurley. Cambridge 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH Hemorrhage IMMEDIATE CAUSE (a) DUE TO Instant Conditions, flony which gove Shot gun wound chest rise to immediate cause (a), DUE TO stoting the underlying couse removol, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1603 19 WAS AUTOPSY PERFORMED? YES 🗶 NO 200 EXTERNAL CAUSE WAS PRIMAR. O CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 3 should Shot by Sarah Abney CAUSE OF DEATH 20d N.URY OCCURRED 20c. TIME OF NURY Month, Doy Year 20e PLACE OF INJURY (Home form (County) Nopm 6/27/67 of work of work X Labor Camp Near Hurlock. Dor. Md. FUNERAL DIRECTOR: Page 21 I certify that I took charge of the remains described above, held on Autopsy [X]. Inquiry . Inspection . and in my apinion Natural causes . Accident . Suic de . Hamicide . death resulted from Undetermined manner ACTUAL 6/28/67 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior SIGNATURE DEPUTY MEDICAL EXAMINER X Address (Street, city, town, or county) Cambridge. Md. John Mace Jr. M.D. ME OF CEMETERY OR CREMATOR 23d LOCATION (C ty or Town) 230 BURAL CREMATION. - REMOVAL (Specify) Raltimore, 2So. RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67 ¿Cambridge, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION: OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF BEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND b-CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by bon papers. Pag within 72 hours Ξ CONAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE d. STREET ON A FARM? NO YES executed within completely carbon NAME OF Day Middle 4. DATE Month Year Las DECEASED OF event, (Type or print) DEATH 194 SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR IF UNDER 24 HRS етоме DATE OF BIRTH 7 MARRIED 8. 9. NEVER MARRIED hast birthday) Months Devs Hours and any WIDOWED Y DIVORCED Ξ 10a. USUAL OCCUPATION (Give kind of work done -10b. KIND OF BUSINESS OR 12. GUTIZEN OF WHA 11. BJRTHPLACE (County & State, or foreign country) physician working life, even if retired) death certificate be INDUSTRY NTRYZ and 0 FATHER'S NAME or removal, MOTHER'S MAIDEN RAME 14. attending permit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. | 17 Address INFORMANT this certificate has been signed by the atten detached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) INTERVAL BÉTWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES . NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) Hour a.m. After While Not While be retained by p.m at work at work that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from Page 4 may be retaine TO FUNERAL DIRECTOR: M, from the causes and on the date stated above. and that death occurred at3 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE director, page 3 ATTENDING DIRECTOR M.D. PHYS. PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATOR' LOCATION (City, town or county) REMOVAL (Specify) ADDRESS FUNERAL DIRECTOR REC'D REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 4-64

Land Street Contract of the Co





A I	te	ms 18&21 :	Film 393	9237-	MARYLAND ST ARCH AND RECO	ATE DI	EPARTMENT O	F HEALTH STREET, BA	TIMORE MARYI	AND 212	201
FOR STATE		08134			ICAL EXAMI						08120
HEALTH DEPT	Ī.	PLACE OF DEATH a. COUNTY DORCHES	MARYLAND c. LENGTH OF STAY IN 16		c CITY OR TOWN (If autside carparate limits, write RURAL and gi				TALBOT		
del and M3.		b. CITY OR TOWN (If our write RURAL and give CAMBRIDGE									
C/2 e 0 2/2	Г	d. NAME OF HOSPITAL O	R INSTITUTION (If no				d. STREET ADDRES		o STREET		e. IS RESIDENCE ON A FARM? YES NO
2 th 3 th 2	-	NAME OF First Middle DECEASED (Type or print) LEONARD FAIRBANDS					Lost 4. DATE Month Doy WYATT DEATH JUNE 18 198				
	S.		COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRII	-	B. DATE OF BIRTH 01-06-12		9. AGE (In years lost birthday)	IF UNDER Months	Days Hours Min.
in Hem 19 er's Office ges land	dur	. USUAL OCCUPATION (Giving most of working life, a losp 1 TAL AT	e kind of work done		IND OF BUSINESS OR HOUSTRY		11. BIRTHPLACE MARYLA	ND			IZEN OF WHAT UNTRY?
executed within 24 anding" in pencil in Medical Examiner's permit. File pages emovol, and in any		FATHER'S NAME CHARLES WYA	TT				14. MOTHER'S MA				
xecuted nding" ir Medical I permit.		. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dates of service) 213-05-6233 RECORDS OF THE EASTERN SHORE STATE HOSPITAL									
be "pe "pe hiref onsid		1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: PART II. DEATH WAS CAUSED BY: PART III. DEATH WAS CAUSED BY: PART III. DEATH WA								INTERVAL BETWEEN ONSET AND DEATH	
certificate should writing the ward prworded to the Clused as a buriol-tra		stating the underlying lost. PART II, OTHER SIGNIFI	g cause DUE	(c)	TO DEATH BUT NOT BE	OT GIAL	THE TEDANIMAL DISEA	SE CONDITION O	IVEN IN DADT 1/a)		TIQ WAS AUTOPSY
to pe of t	CERTIFICATION	20o. EXTERNAL CAUSE V	WAS		ESCRIBE HOW INJURY O						19. WAS AUTOPSY PERFORMED? YES NO
AMINER: T e the certific e 4 should b our files. age 3 should agent, prior	MEDICAL CERT	PRIMARY Or CONTRIB CAUSE OF DEATH. 20c. TIME OF INJURY			NJURY OCCURRED	20e. PL	ACE OF INJURY (Home	e, farm, 20		(Cou	unty) (State)
× ± m > 2 v	MEE	Hour a.m. p.m. 19 While Nat While of factory, street, affice bldg., etc.) 21. I certify that I taok charge of the remains described above, held an Autapsy (), Inspection (), Inquiry (), ond in my opinion									
DEPUTY MEDICAL EX scessory, pleose execut e funerol director. Pag may be retained for y FUNERAL DIRECTOR: Po	death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ACTUAL										
necessary, pleose extremely, pleose extra the funeral director. 5 may be retained for FUNERAL DIRECTO Health or its designation.		SIGNATURE EXAMINER'S NAME (Type) John Mace Jr. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)								22. DATE SIGNED 6/19/6	
TO DEPUTY necessary, the funero 5 may be TO FUNERAI Health or	230	BURIAL, CREMATION,	23b. DATE THE		Spring	HIL	CREMATORY	23d	LOCATION (City or Toy		(County) (State)
VR A 85ME (5)	24	MAURICE E	. NEUWAM	& SON	, Easton,	Md.		JUN 2	6 1967	Clian	Cas Judge

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